Workshop Evaluation

Please complete this evaluation and turn it in to your instructor. Providing this information will help improve future sessions.

Instructor Name:
Date:
City: State:
Please answer the following questions:
1. Circle your affiliation:□ EMS □ Firefighter □ Police □ Other
2. How many hours a week do you work in a first responder role: □ 0-3 hours □ 4-8 hours □ 9-19 hours □ 20-40 hours □ 40+ hours
3. How knowledgable where you about sudden infant death syndrome before this workshop? ☐ Not Very ☐ Somewhat ☐ Fairly ☐ Very
 4. Before this workshop, how would you rate your comfort level when caring for pediatric patients? □ Anxious □ Comfortable □ Very Comfortable
 5. Before this workshop, how would you rate your comfort level when caring for families of pediatric patients? Anxious Comfortable Very Comfortable
6. Has this workshop changed your attitude about sudden unexpected infant death? ☐ Yes ☐ No
Please Describe:
7. Do you have a family member or close friend who has suffered from a SIDS related death? □ Yes □ No

8. On a scale of 1 to 4, where 1 is Strongly Disagree, 2 is Disagree, 3 is Agree, and 4 is

Strongly Agree, please respond to the following.

	a)	The objectives for this workshop were clearly presented	(1)	(2)	(3)	(4)		
	b)	I have learned new ideas and/or skills	(1)	(2)	(3)	(4)		
	c)	The video was easy to understand and held my interest	(1)	(2)	(3)	(4)		
	d)	The manual was easy to follow and a good reference	(1)	(2)	(3)	(4)		
	e)	I will use the SUIDI form and instructions if/when I have to investigate a sudden unexplained child death.	(1)	(2)	(3)	(4)		
	f)	Overall, I was favorably impressed with the workshop	(1)	(2)	(3)	(4)		
9.	Wh	at aspect(s) of the workshop did you find most helpful?					_	
							_	
10.	Wh	at aspect(s) of the workshop did you find least helpful?						
							_	
							_	
11.	Can you think of ways in which we can improve this program in the future?							
							_	
							_	

Thank you for your input and consideration.