**Epidemic Preparedness for Community Organizations**

Training Location: Date:

Instructor:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1=Strongly disagree | 2=Disagree | 3=Neither agree nor disagree | 4=Agree | 5=Strongly agree |
| 1. I was well informed about the objectives of this workshop. |  |  |  |  |  |
| 2. This workshop met my needs. |  |  |  |  |  |
| 3. The content presented is applicable to my organization. |  |  |  |  |  |
| 4. I will be able to use the content in my organization. |  |  |  |  |  |
| 5. The activities were appropriate. |  |  |  |  |  |
| 6. The pace was appropriate. |  |  |  |  |  |
| 7. The content was presented clearly and effectively. |  |  |  |  |  |
| 8. The instructor was helpful. |  |  |  |  |  |

9. What was least valuable about this workshop?

10. What was most valuable about this workshop?

11. Will you complete your organization's plans after this workshop? Yes Maybe No

12. Additional comments:

**Thank you. Your feedback is very important to us.**