

This evaluation tool should not be modified.

**MEDICARE RESIDENT, PRACTICING PHYSICIAN, AND
OTHER HEALTH CARE PROFESSIONAL TRAINING PROGRAM**

COURSE EVALUATION

Date of Training Session _____ Name of Organization _____

	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR
FACILITY					
Rate the location of the facility	5	4	3	2	1
Rate the comfort of the meeting room, including seating and temperature	5	4	3	2	1
PROGRAM					
How well did the training program meet your expectation?	5	4	3	2	1
Rate the length of the training program	5	4	3	2	1
Rate the program schedule, including start time, breaks, and end time	5	4	3	2	1
Rate the relevance of the program to your current or future work	5	4	3	2	1
Rate your knowledge of the subject matter before the training program	5	4	3	2	1
Rate your knowledge of the subject matter after the training program	5	4	3	2	1
Rate how well the program objectives were met	5	4	3	2	1

	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR
INSTRUCTOR					
Rate the instructor's subject matter knowledge and ability to answer questions	5	4	3	2	1
Rate the instructor's ability to present the information in an understandable way	5	4	3	2	1
Rate the instructor's effectiveness as a communicator	5	4	3	2	1
Rate the preparedness of the instructor	5	4	3	2	1
MATERIALS					
How well did the training materials relate to your skill level?	5	4	3	2	1
How effective or useful are the materials?	5	4	3	2	1
How useful were the audiovisual aids and handouts in communicating the training information?	5	4	3	2	1
How effective are the handouts as a resource?	5	4	3	2	1

1. What methods of delivery do you prefer to receive training? (Please check all that apply.)

Computer/Web-based Training____

Satellite Broadcast____

E-mail____

In-Person Training____

Print____

Internet Resources____

Other (please specify)_____

2. Please provide us with your comments or suggestions regarding any aspect of the Medicare Resident, Practicing Physician, and Other Health Care Professional Training Program:

Thank you for your feedback. We will use your input to improve our Medicare training courses and products.

FACILITATORS:

Please make copies of completed evaluations for your locked, confidential file and mail original evaluations to:

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