



Essentials for Healthy Homes Practitioner Course

Thank you for attending the *Essentials for Healthy Homes Practitioners* course. Your input is critical in determining how this course may impact your work and how the course might be improved. This evaluation should take 10 minutes or less to complete and is required in order for you to receive your certificate of completion.

Student name (please print clearly): _____

Date of Course: _____

SECTION A. STUDENT PROFILE

Sector (select one):

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Federal Government | <input type="checkbox"/> Education | <input type="checkbox"/> Nonprofit | <input type="checkbox"/> Tribe or tribal organization |
| <input type="checkbox"/> For-profit | <input type="checkbox"/> Individual | <input type="checkbox"/> Other | |
| <input type="checkbox"/> Healthcare Provider | <input type="checkbox"/> Local government | <input type="checkbox"/> State Government | |

Field of Work (select one):

- | | |
|---|---|
| <input type="checkbox"/> Building Construction | <input type="checkbox"/> Other |
| <input type="checkbox"/> Building Science/Design/Architecture | <input type="checkbox"/> Outreach and Advocacy |
| <input type="checkbox"/> Early Childhood/Childcare Services | <input type="checkbox"/> Planning and Community Development |
| <input type="checkbox"/> Education | <input type="checkbox"/> Property Management/Realty |
| <input type="checkbox"/> Energy and Building Performance | <input type="checkbox"/> Public Health - Community Health |
| <input type="checkbox"/> Healthcare | <input type="checkbox"/> Public Health - Environmental Health |
| <input type="checkbox"/> Housing and Weatherization | <input type="checkbox"/> Public Health - Other |
| <input type="checkbox"/> Industrial Hygiene | <input type="checkbox"/> Social Services |

Job Category (select one)*

- | | | |
|--|---|---|
| <input type="checkbox"/> Building Performance Analyst/Energy Auditor | <input type="checkbox"/> Housing Professional | <input type="checkbox"/> Property Manager |
| <input type="checkbox"/> Childcare Provider | <input type="checkbox"/> Inspector - Codes | <input type="checkbox"/> Realtor |
| <input type="checkbox"/> Community Health Worker | <input type="checkbox"/> Inspector - Other | <input type="checkbox"/> Sanitarian |
| <input type="checkbox"/> Construction/Contractor | <input type="checkbox"/> IPM Technician | <input type="checkbox"/> Scientist/Researcher/Analyst |
| <input type="checkbox"/> Health Educator | <input type="checkbox"/> Maintenance Worker | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Healthcare Provider (other than nursing) | <input type="checkbox"/> Nurse | <input type="checkbox"/> Teacher/Faculty |
| | <input type="checkbox"/> Other | <input type="checkbox"/> Urban Planner |
| | <input type="checkbox"/> Program Manager | |

Job Function (select all that apply)*

- Conduct home visits or inspections
- Supervise those who conduct home visits or inspections
- Provide services directly to the public
- Supervise those who provide direct services to the public
- Coordinate/administer one or more programs
- Deliver specialized or technical services
- Provide administrative support
- Other

SECTION B. OVERALL IMPRESSION OF COURSE

1. Overall, how would you rate this course?

Exceptional Very good Good Average Below average Poor

2. Did the course meet your expectations? Yes No Somewhat

3. Would you recommend this course to a colleague? Yes No Maybe

4. Can you incorporate concepts learned during the course into your daily work right away?

Yes, all or almost all of it Yes, much of it Yes, some of it No, not at all

5. Was there enough time for discussion, questions and interactive exercises? Yes No Not sure

6. Please rate the overall quality of the course materials. *Course materials include PowerPoints, video clips, student binders, case studies, exercises, and demonstrations.*

Exceptional Very good Good Average Below average Poor

SECTION C. PRESENTERS

For the following questions, please rate your presenter on each of the following qualities of his/her/presentation.

Presenter 1 Name: _____

7.1 Well-prepared Exceptional Very good Good Average Below average Poor

8.1 Knowledgeable Exceptional Very good Good Average Below average Poor

9.1 Enthusiastic Exceptional Very good Good Average Below average Poor

10.1 Easy to understand Exceptional Very good Good Average Below average Poor

11.1 Pace of instruction Exceptional Very good Good Average Below average Poor

12.1 Additional comments: _____

Presenter 2 Name: _____

7.2 Well-prepared Exceptional Very good Good Average Below average Poor

8.2 Knowledgeable Exceptional Very good Good Average Below average Poor

9.2 Enthusiastic Exceptional Very good Good Average Below average Poor

10.2 Easy to understand Exceptional Very good Good Average Below average Poor

11.2 Pace of instruction Exceptional Very good Good Average Below average Poor

12.2 Additional comments: _____

Presenter 3 Name: _____

- | | | | | | | |
|---------------------------------|--------------------------------------|------------------------------------|-------------------------------|----------------------------------|--|-------------------------------|
| 7.3 Well-prepared | <input type="checkbox"/> Exceptional | <input type="checkbox"/> Very good | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Below average | <input type="checkbox"/> Poor |
| 8.3 Knowledgeable | <input type="checkbox"/> Exceptional | <input type="checkbox"/> Very good | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Below average | <input type="checkbox"/> Poor |
| 9.3 Enthusiastic | <input type="checkbox"/> Exceptional | <input type="checkbox"/> Very good | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Below average | <input type="checkbox"/> Poor |
| 10.3 Easy to understand | <input type="checkbox"/> Exceptional | <input type="checkbox"/> Very good | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Below average | <input type="checkbox"/> Poor |
| 11.3 Pace of instruction | <input type="checkbox"/> Exceptional | <input type="checkbox"/> Very good | <input type="checkbox"/> Good | <input type="checkbox"/> Average | <input type="checkbox"/> Below average | <input type="checkbox"/> Poor |

12.3 Additional comments: _____

SECTION D. HEALTHY HOMES SKILLS AND KNOWLEDGE

13. Think about your current ability to put healthy homes principles into practice (e.g., identifying problems, educating residents). Which, if any, of the following healthy homes principles are you very or extremely confident about your ability to put that principle into practice? (Select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Keep it Dry | <input type="checkbox"/> Keep it Safe |
| <input type="checkbox"/> Keep it Clean | <input type="checkbox"/> Keep it Contaminant-Free |
| <input type="checkbox"/> Keep it Pest-Free | <input type="checkbox"/> Keep it Maintained |
| <input type="checkbox"/> Keep it Ventilated | <input type="checkbox"/> I don't feel extremely or very confident about any of the healthy homes principles yet |

14. How confident are you that you have the skills, knowledge and ability to educate a resident or colleague about healthy homes principles overall?

- | | |
|--|---|
| <input type="checkbox"/> Extremely confident | <input type="checkbox"/> Minimally confident |
| <input type="checkbox"/> Very confident | <input type="checkbox"/> Not confident |
| <input type="checkbox"/> Somewhat confident | <input type="checkbox"/> This is not applicable to my job |

15. How confident are you that you have the skills, knowledge and ability to conduct a visual assessment and identify a range of healthy homes problems or hazards in a home?

- | | |
|--|---|
| <input type="checkbox"/> Extremely confident | <input type="checkbox"/> Minimally confident |
| <input type="checkbox"/> Very confident | <input type="checkbox"/> Not confident |
| <input type="checkbox"/> Somewhat confident | <input type="checkbox"/> This is not applicable to my job |

16. How confident are you that you have the skills, knowledge and ability to educate a resident about how to correct healthy homes problems or hazards identified during a home visit?

- | | |
|--|---|
| <input type="checkbox"/> Extremely confident | <input type="checkbox"/> Minimally confident |
| <input type="checkbox"/> Very confident | <input type="checkbox"/> Not confident |
| <input type="checkbox"/> Somewhat confident | <input type="checkbox"/> This is not applicable to my job |

SECTION E. HOME VISITS

17. Do you, or your staff, complete a visual inspection checklist or assessment form as part of your home visits?

- Yes Not yet, but we plan to in the future No

18. Do you, or your staff, bring any of the following tools or equipment for use during a home visit?

(select all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Moisture meter | <input type="checkbox"/> Thermo-hygrometer | <input type="checkbox"/> CO alarm/detector |
| <input type="checkbox"/> Combustion gas detector | <input type="checkbox"/> Baits/traps | <input type="checkbox"/> Other |
| <input type="checkbox"/> Air flow indicator | <input type="checkbox"/> Radon kits | |
| | <input type="checkbox"/> Lead hazard sampling | |

SECTION F. ADDITIONAL QUESTIONS

19. Do you anticipate any of the following barriers to integrating healthy homes information into your practice?

(select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Insufficient funding | <input type="checkbox"/> Unsure of how to use information for action |
| <input type="checkbox"/> Inadequate management support | <input type="checkbox"/> No barriers anticipated |
| <input type="checkbox"/> Limited resident interest | <input type="checkbox"/> I do not plan to integrate healthy homes information into my practice |
| <input type="checkbox"/> Need more information to use practices | <input type="checkbox"/> Other |
| <input type="checkbox"/> Lack of time | |
| <input type="checkbox"/> No rules or codes to use | |

20. What do you think your agency or organization would need to incorporate a comprehensive healthy homes approach into its work? *(select all that apply)*

- | | |
|---|---|
| <input type="checkbox"/> We already incorporate a healthy homes approach into our work | <input type="checkbox"/> Partnerships with other organizations |
| <input type="checkbox"/> Funding | <input type="checkbox"/> Infrastructure for delivering services |
| <input type="checkbox"/> Agency/organization authority/better codes | <input type="checkbox"/> More training |
| <input type="checkbox"/> Political will/management or executive support | <input type="checkbox"/> None |
| <input type="checkbox"/> More awareness of how healthy homes is related to our mission and activities | <input type="checkbox"/> Unsure |
| | <input type="checkbox"/> Other |

21. What additional information do you need to help you in your work?

22. What did you like best about the training?

23. What did you like least about the training?

24. What issues should have been covered that were not?

25. Which CEUs, if any, would you like to receive for completing this course? (select one)

- | | |
|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> American Society of Home Inspectors |
| <input type="checkbox"/> Ohio Nurses Association | <input type="checkbox"/> National Association of Social Workers |
| <input type="checkbox"/> Building Performance Institute* | <input type="checkbox"/> American Board of Industrial Hygiene |
| <input type="checkbox"/> National Environmental Health Association** | <input type="checkbox"/> InterNACHI |
| <input type="checkbox"/> American Indoor Air Quality Council (American Council for Accredited Certification) | <input type="checkbox"/> Office of Indiana State Chemist and Seed Commissioner / Purdue University |

NURSING AND SOCIAL WORK CONTACT HOURS: To receive 12.75 nursing contact hours or 12.5 social work CEUs, students must answer the following questions

- 1. Do you feel confident that you will be able to collect accurate and thorough information from a resident about how the resident's house may be having an impact on their health?*
 Yes No
- 2. Do you feel confident that you will be able to conduct a basic assessment of the resident's house in order to identify possible health hazards?*
 Yes No
- 3. Do you feel confident that you can effectively communicate information to the resident on the health hazards that are in the house?*
 Yes No
- 4. Do you feel confident that you can accurately advise the resident on the actions the resident should take to address the health hazards in their home?*
 Yes No

*Building Performance Institute (BPI) has a portal that instructors use to add students to earn their CEUs.