

Healthy Homes Assessment for Community Health Workers

Post-Course Evaluation

Thank you for attending the *Healthy Homes Assessment for Community Health Workers* 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): _____

Your name is required so we can generate your certificate of completion.

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 this course meet your expectations? Yes No Somewhat

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

4. Can you incorporate concepts and skills 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. Do you feel more prepared for the Healthy Homes Specialist (HHS) Credential exam as a result of taking this course? Yes, very much so Yes, somewhat No, not really Not sure

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

7. 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: _____

- | | | | | | | |
|--------------------------|--------------------------------------|------------------------------------|-------------------------------|----------------------------------|----------------------------------------|-------------------------------|
| 8.1 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 |
| 9.1 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 |
| 10.1 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 |
| 11.1 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 |
| 12.1 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 |

13.1 Additional comments: _____

Presenter 2 Name: _____

- | | | | | | | |
|--------------------------|--------------------------------------|------------------------------------|-------------------------------|----------------------------------|----------------------------------------|-------------------------------|
| 8.2 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 |
| 9.2 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 |
| 10.2 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 |
| 11.2 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 |
| 12.2 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 |

13.2 Additional comments: _____

20. How confident are you in your ability to conduct an effective home assessment in order to identify health-related hazards?

- | | |
|----------------------------------------------|-----------------------------------------------------------|
| <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 |

21. How confident are you in your ability to develop an effective action plan using the information from the resident interview, home assessment, and any associated tests?

- | | |
|----------------------------------------------|-----------------------------------------------------------|
| <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 |

22. How confident are you in your ability to identify audience-appropriate information to share with residents?

- | | |
|----------------------------------------------|-----------------------------------------------------------|
| <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 |

23. How confident are you in your ability to communicate effectively with residents?

- | | |
|----------------------------------------------|-----------------------------------------------------------|
| <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 F. ADDITIONAL QUESTIONS

24. What did you like best about the training?

25. What did you like least about the training?