

Healthy Homes: Assessment and Interventions

Post-Course Evaluation

Thank you for attending the *Healthy Homes: Assessment and Interventions* 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)¹: _____

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

¹ Your name is required so that we can generate your certificate of completion.

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 Exceptional Very good Good Average Below average Poor

9.1 Knowledgeable Exceptional Very good Good Average Below average Poor

10.1 Enthusiastic Exceptional Very good Good Average Below average Poor

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

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

13.1 Additional comments: _____

Presenter 2 Name: _____

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

9.2 Knowledgeable Exceptional Very good Good Average Below average Poor

10.2 Enthusiastic Exceptional Very good Good Average Below average Poor

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

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

13.2 Additional comments: _____

Presenter 3 Name: _____

8.3 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
9.3 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
10.3 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
11.3 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
12.3 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

13.3 Additional comments: _____

SECTION D. KNOWLEDGE AND SKILLS

14. How confident are you that understand the role of the resident interview in the home assessment?

- Extremely confident
- Very confident
- Somewhat confident
- Minimally confident
- Not confident
- This is not applicable to my job

15. How confident are you in your ability to conduct an effective resident interview?

- Extremely confident
- Very confident
- Somewhat confident
- Minimally confident
- Not confident
- This is not applicable to my job

16. How confident are you in your basic understanding of the eight healthy homes principles? Check each principle about which you feel very or extremely confident. *(Select all that apply)*

- Keep it Dry
- Keep it Clean
- Keep it Pest-Free
- Keep it Ventilated
- Keep it Safe
- Keep it Contaminant-Free
- Keep it Maintained
- Keep It Climate-Controlled
- I don't feel extremely or very confident about any of the healthy homes principles yet

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

- Extremely confident
- Very confident
- Somewhat confident
- Minimally confident
- Not confident
- This is not applicable to my job

18. 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?

- Extremely confident
- Very confident
- Somewhat confident
- Minimally confident
- Not confident
- This is not applicable to my job

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19. How confident are you in your ability to manage the bid and contract process for the interventions identified in your action plan?

- Extremely confident
- Very confident
- Somewhat confident
- Minimally confident
- Not confident
- This is not applicable to my job

20. How confident are you in your ability to monitor quality control of the work to be performed for the interventions identified in your action plan?

- Extremely confident
- Very confident
- Somewhat confident
- Minimally confident
- Not confident
- This is not applicable to my job

21. How confident are you in your ability to perform appropriate recording keeping for the interventions identified in your action plan?

- Extremely confident
- Very confident
- Somewhat confident
- Minimally confident
- Not confident
- This is not applicable to my job

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

- Extremely confident
- Very confident
- Somewhat confident
- Minimally confident
- Not confident
- This is not applicable to my job

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

- Extremely confident
- Very confident
- Somewhat confident
- Minimally confident
- Not confident
- 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?