

Healthy Home Evaluator Course: Post-Course Evaluation

Welcome to the *Healthy Home Evaluator* course. Your input is critical in helping us determine your background knowledge of the course content.

Student name (please print clearly)¹: _____

SECTION A. 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. 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 B. PRESENTERS

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

Presenter 1 Name: _____

7a. Well-prepared Exceptional Very good Good Average Below average Poor

7b. Knowledgeable Exceptional Very good Good Average Below average Poor

7c. Enthusiastic Exceptional Very good Good Average Below average Poor

7d. Easy to understand Exceptional Very good Good Average Below average Poor

7e. Pace of instruction Exceptional Very good Good Average Below average Poor

7f. Additional comments: _____

Presenter 2 Name: _____

8a. Well-prepared Exceptional Very good Good Average Below average Poor

8b. Knowledgeable Exceptional Very good Good Average Below average Poor

8c. Enthusiastic Exceptional Very good Good Average Below average Poor

8d. Easy to understand Exceptional Very good Good Average Below average Poor

8e. Pace of instruction Exceptional Very good Good Average Below average Poor

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

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8f. Additional comments: _____

Presenter 3 Name: _____

- | | | | | | | |
|-------------------------|--------------------------------------|------------------------------------|-------------------------------|----------------------------------|--|-------------------------------|
| 9a. 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 |
| 9b. 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 |
| 9c. 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 |
| 9d. 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 |
| 9e. 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 |

9f. Additional comments: _____

SECTION C. KNOWLEDGE AND SKILLS

10. How confident are you that you understand the health impacts from hazards in the 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 |

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

- | | |
|--|---|
| <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 j |

12. How confident are you in your ability to identify hazards in the home via a thorough visual assessment?

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

13. How confident are you in your ability to accurately assess the risk from hazards in the 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 |

14. How confident are you in your ability to select and use quantitative tools in doing a home assessment?

- | | |
|--|---|
| <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 in your ability to prioritize hazards you identify during a home assessment?

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

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16. How confident are you in your ability to protect yourself from any hazards during a home assessment?

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

17. How confident are you in your ability to identify the appropriate intervention for a hazard in the 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 |

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?

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

19. 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 D. ADDITIONAL QUESTIONS

20. What did you like best about the training?

21. What did you like least about the training?