

Learning outcomes were reviewed and discussed at the beginning of the session.

Yes No

The instructor provided feedback on my mastery of learning outcomes

Yes No

Pre- and Post-Training Evaluation

Name: _____ Date: _____

Trainer's Name: _____ Title of Training: _____

Think about the following statements in relation to what you understand BEFORE and AFTER the training. Please check the box that best describes how you would rate your level of knowledge and skills based on the training topic: 1 (lowest) to 5 (highest).

Statements	Before the Training							After the Training						
	1	2	3	4	5	N/A	1	2	3	4	5	N/A		

After the Training:

Write 2 examples of how this session has caused you to rethink or review an aspect of your job.

List 2 action steps you will take to implement these new ideas in your daily practice.