



Birth & Beyond California
Learner Workshop Evaluation – DAY 1

Hospital Site: _____

Event Date: _____

Please help us determine the quality of this training by completing the evaluation form. All responses are confidential. Thank you for your cooperation.

1. Please evaluate the following statements using the following rating scale:
1 =Strongly Disagree; 2 =Disagree; 3 =Neither Agree nor Disagree; 4 =Agree; 5 =Strongly Agree

- a. The event met the expected objectives.
- b. The topics were relevant.
- c. The activity will benefit me and contribute to improved patient care.
- d. The presentations were free from commercial bias.
- e. The physical facility was conducive to the learning environment.
- f. I would recommend this training to a colleague.

2. Please evaluate the faculty members using the following rating scale:
1 = Poor; 2 = Fair; 3 = Good; 4 = Very Good; 5 = Excellent

Topic/Speaker	Lecture Content	Level of Presentation	Speaker Knowledge	Speaker Style	Audio Visual	Syllabus Materials
Session 1: Science of Attachment						
Session 2: Anatomy & Physiology						
Session 3: Promoting Breastfeeding						
Session 4: Predictable Newborn Patterns						
Session 5: Hospital Practices						

Please identify your professional status (Please circle):
MD CNM CNS NP PA RN RT RD MSW LC Other (Please specify): _____

Please identify your area of specialty (Please Circle):
L&D Post Partum Nursery NICU Management Peds Mother/Baby

Suggestions for Improvement: _____

