

Title: Substance Use Disorder (6 Hour)	
Date:	Location:

OBJECTIVES					
We learned:	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
Addiction and Recovery Basics	4	3	2	1	n/a
Resources, Insurance and Health Maintenance Options	4	3	2	1	n/a
Meeting Facilitation	4	3	2	1	n/a
Regulations	4	3	2	1	n/a
Special Populations within Substance Abuse Treatment	4	3	2	1	n/a
Care Planning/Discharge Planning/Relapse Prevention Planning					

PRESENTERS											
Presenter #1	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable	Presenter #2	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
Well Prepared	4	3	2	1	n/a	Well Prepared	4	3	2	1	n/a
Knowledge of Subject	4	3	2	1	n/a	Knowledge of Subject	4	3	2	1	n/a
Communicates Effectively	4	3	2	1	n/a	Communicates Effectively	4	3	2	1	n/a
Responsive to Questions	4	3	2	1	n/a	Responsive to Questions	4	3	2	1	n/a

CONTENT	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
1. Written description consistent with actual presentation	4	3	2	1	n/a
2. Relevant to my needs	4	3	2	1	n/a
3. Length of time suitable	4	3	2	1	n/a
4. Level appropriate for my knowledge base	4	3	2	1	n/a
5. Handouts useful	4	3	2	1	n/a

FACILITY	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
Facility conducive to learning	4	3	2	1	n/a
COMMENTS					

Thank you for completing this evaluation. Your responses will assist in improving the quality of training. If you have questions about this form or the compiled results, please contact Kent Conder, 859-967-9158, kconder@kvc.org and/or Jessica Langley, 859-699-2099, jlangle@kvc.org.