**Participant Direction Option (PDO) Training**

**Training Evaluation**

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Trainer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please circle training delivery method: e-learning or instructor led

Please circle who you are: LTC support staff or Case manager. Please read the following statements carefully. Indicate by circling the number in the box whether you agree or disagree with the statements.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | STRONGLY AGREE | AGREE | NEUTRAL | DISAGREE | STRONGLY DISAGREE |
| This training helped me to better understand the PDO program. | 5 | 4 | 3 | 2 | 1 |
| This training explained the PDO requirements. | 5 | 4 | 3 | 2 | 1 |
| The trainer allowed enough time to cover all the material. | 5 | 4 | 3 | 2 | 1 |
| The PowerPoint slides were helpful. | 5 | 4 | 3 | 2 | 1 |
| The trainer was knowledgeable about the PDO program. | 5 | 4 | 3 | 2 | 1 |
| The trainer interacted effectively with the trainees. | 5 | 4 | 3 | 2 | 1 |
| I had opportunities to ask questions during the training. | 5 | 4 | 3 | 2 | 1 |

What aspect of the training was most helpful?

**Please answer additional questions on the back.**

What aspect of the training was least helpful?

Please share something you learned today and state how it applies to your work:

What improvements would make this training more effective?

I hereby attest that I have attended <Plan can insert specific training name>

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_