**Evaluation**

**Violent Incident Debriefing Module**

We hope you enjoyed your training session! Please complete the evaluation by checking the appropriate box. Personal information (name, e-mail address and phone number) is optional. Thank you.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Format – Choose one** | **( ) On line ( ) Live** | | | | | |
| **Board** |  | | | | | |
| **Trainer (if “Live” format)** |  | | | | | |
| **Training Date** |  | | | | | |
| **Name** (optional) |  | | | | | |
| **E-mail** (optional) |  | | | | | |
| **Phone** (optional) |  | | | | | |
|  | | | | | | |
|  | | **Strongly Agree** | **Agree** | **Neutral** | **Disagree** | **Strongly Disagree** |
| The program content was relevant to my needs. | |  |  |  |  |  |
| The training was well organized. | |  |  |  |  |  |
| The training was delivered in an interesting and enjoyable manner. | |  |  |  |  |  |
| **I now have a greater understanding of the importance of debriefing following violent incidents.** | |  |  |  |  |  |
| **I now feel more comfortable about facilitating and/or taking part in critical incident debriefing sessions.** | |  |  |  |  |  |
| The training met my expectations. | |  |  |  |  |  |
| The case study and videos were useful learning tools. | |  |  |  |  |  |
| The instructor was knowledgeable in the subject matter. **(applicable to “Live” format only)** | |  |  |  |  |  |
| The instructor delivered information at a reasonable pace. | |  |  |  |  |  |
| The training has increased my knowledge of effective debriefing sessions. | |  |  |  |  |  |
| I would recommend this training to colleagues. | |  |  |  |  |  |
| My overall satisfaction with the training is high. | |  |  |  |  |  |
| **Additional comments:**  \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* **You have my permission to quote my comments about Violent Incident Debriefing Training in any future publications and/or presentations.**  **Name Date Signature** | | | | | | |