



[LOGOS OF SPONSORING ORGANIZATIONS HERE]

Reprocessing Guidelines for Basic Neonatal Resuscitation Equipment in Resource-Limited Settings WORKSHOP EVALUATION

Please answer all sections of this evaluation form. Your responses will assist the workshop organizers in determining what modifications, if any, should be made to this training. All responses are confidential.

Overall evaluation

Please check the choice that best reflects your overall evaluation of this training:

☐ Very good ☐ Good ☐ Fair ☐ Poor ☐ Very poor

Achievement of objectives

For each training objective (below), circle the appropriate number to indicate the degree to which you feel the objective was achieved:

5 = Strongly agree; 4 = Agree; 3 = Undecided; 2 = Disagree; 1 = Strongly disagree

Objectives	Score					Comments/Suggestions
1. I understand the key elements of reprocessing basic neonatal resuscitation equipment.	5	4	3	2	1	
2. I understand the rationale of each reprocessing step.	5	4	3	2	1	
3. I am able to apply the information I learned today.	5	4	3	2	1	
4. I will be able to teach colleagues about reprocessing basic neonatal resuscitation equipment using the information I learned today.	5	4	3	2	1	
5. I will be able to use the knowledge and tools attained today to improve reprocessing of basic neonatal resuscitation equipment in my unit/facility.	5	4	3	2	1	

Date: _____

Training materials

6. Were the materials you received during the workshop useful?

☐ Very useful ☐ Useful ☐ Somewhat useful ☐ Not useful

7. Will you use the materials in the future? Yes No

If no, why?

Training

8. What aspects of the training were the **most** useful for you? Why?

9. What aspects of the training were the **least** useful for you? Why?

10. What changes would you make to this training?

Thank you for your input!

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