**Please indicate your primary role in the workforce:**

|  |  |
| --- | --- |
| * AOD Prevention
* AOD Treatment
* Intervention (i.e. impaired driver programs)
* AOD Recovery
 | * Mental Health
* Primary Care
* Public Health
* Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |

**Please rate your experience at today’s training**:

What could be done to improve this training?

My overall experience with this training was?

How many NHTIAD training events have you attended in the past year?

What topics would you like NHTIAD to offer?

Thank you for attending!

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly Agree** | **Agree** | **Neutral** | **Disagree** | **Strongly Disagree** |
| 1. The trainer was well prepared & demonstrated mastery of the topic. |  |  |  |  |  |
| 2. The trainer held my attention. |  |  |  |  |  |
| 3. The information was effectively and clearly presented. |  |  |  |  |  |
| 4. The purpose & goals of the activities and materials were consistent with objectives. |  |  |  |  |  |
| 5. The training met its stated objectives. Participants will be able to:* Place psychiatric medications in the correct therapeutic categories.
* Explain at least two medications from a biological perspective.
* Discuss the basis of at least two side effects for two different medications.
 |  |  |  |  |  |
| 6. The training offered quality information. |  |  |  |  |  |
| 7. The training met my personal and/or professional needs. |  |  |  |  |  |
| 8. The training enhanced my knowledge/skills in this topic area. |  |  |  |  |  |
| 9. I expect to use information gained from this training. |  |  |  |  |  |
| 10. Timeline of course adhered to the advertised time, and credits awarded |  |  |  |  |  |
| 11. Training support was helpful and accessible. |  |  |  |  |  |
| 12. The room/setting was adequate and conducive to learning. |  |  |  |  |  |
| 13. Course appropriate technology was used to support learning. |  |  |  |  |  |
| 14. Course materials were appropriate and supported learning. |  |  |  |  |  |