

Date: _____

“Diabetes Education Projects” Facilitator Evaluation of Toolkit Materials and Participant Responses

We would like your feedback on the use of the Diabetes toolkit. Please take a moment to **complete and return this brief evaluation form to teach@camh.net**. We will communicate this information with our funders and stakeholders, but no personal, identifying information will be shared without your consent (please see below).

Name: _____ Organization: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone/Work: (____) _____ Telephone/Home: (____) _____

Job title or position: _____

Which discipline do you belong to?

- | | |
|--|--|
| <input type="checkbox"/> General practitioners and Family physicians | <input type="checkbox"/> Pharmacists |
| <input type="checkbox"/> Specialist physicians | <input type="checkbox"/> Dieticians and Nutritionists |
| <input type="checkbox"/> Registered nurses | <input type="checkbox"/> Social workers |
| <input type="checkbox"/> Licensed practical nurses | <input type="checkbox"/> Psychologists |
| <input type="checkbox"/> Respiratory therapists, Asthma educators | <input type="checkbox"/> Chiropractors |
| <input type="checkbox"/> Dentists | <input type="checkbox"/> Physiotherapists |
| <input type="checkbox"/> Dental hygienists and Dental therapists | <input type="checkbox"/> Occupational therapists |
| <input type="checkbox"/> Dental assistants | <input type="checkbox"/> Midwives / Practitioners of natural healing |
| <input type="checkbox"/> Other: _____ | |

What area of Ontario are you from?

- South west area (i.e.: Windsor, Elgin-St.Thomas, Grey Bruce, Perth, Oxford, London)
- Central west area (i.e.: Waterloo, Brant, Niagara, Wellington, Guelph, Haldimand-Norfolk)
- Central east area (i.e.: Peterborough, Haliburton, Simcoe, Peel, York Region)
- Eastern area (i.e.: Ottawa, Kingston, Renfrew, Hastings, Prince Edward)
- North east area (i.e.: Porcupine, Sudbury, Algoma, Timiskaming, North Bay)
- Toronto area (i.e. GTA)
- Other: _____

Date of workshop: _____

Name and credentials of faculty teaching course: _____

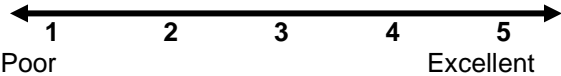
Duration of workshop (please circle): 1 hour or less Between 1-4 hours 1 day > 1 day

Approximate number of participants attending: _____

Please place a “✓” in the box that best describes your feeling about Diabetes Education Toolkit.

Scale of agreement: 1 = strongly disagree to 5 = strongly agree

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. The facilitator resources in the toolkit helped me prepare to facilitate this workshop					
2. The Speakers Notes for the slides helped me speak to the content on the slides.					
3. The audience seemed interested in the material on the slides					
4. I was able to incorporate interactive exercises into my presentation					
5. I was able to tailor the content of my workshop to address the learning needs of my audience (i.e., I could find the information I wanted to teach on the slides provided in the tool kit).					
6. The information on the slides reflects current, evidence-based research and practice guidelines					
7. I am planning to hold another workshop in the future, and will use the tool kit again					
8. I would recommend the toolkit as a resource to others who are planning cessation training events					
9. I supplemented the didactic (lecture-based) content with my own materials/resources - please circle the % of your own materials used, and note what you included:					
10. I supplemented the suggested interactive activities with my own activities - please circle the % of your own activities used, and describe what you included:					

11. Overall, I would rate the Diabetes Education toolkit as:	
Comments:	

I, _____
(Print first and last name and discipline/profession/credentials) agree to allow the TEACH Project to publish my written comments in both print materials and on the TEACH website.

Please check the appropriate box:

I agree that my *first and last name, discipline/profession/credentials* be published with my comments.

OR

I agree that *only my first name* be published with my comments

OR

I am requesting that my name remain *anonymous*.

Signature: _____

Date: _____

Thank you for taking the time to complete this evaluation form.