**VHA Training for Staff Who Provide Information on Advance Directives and**

**Assistance with Completing Advance Directives**

Training Evaluation

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Satisfaction Questions** | **Strongly Disagree** | **Disagree** | **Neutral** | **Agree** | **Strongly Agree** | **Don’t Know** |
| Overall, I was satisfied with this training. |  |  |  |  |  |  |
| I would recommend this training to others. |  |  |  |  |  |  |
| The training materials were effective in helping me learn the content. |  |  |  |  |  |  |
| I learned new skills and knowledge from this training. |  |  |  |  |  |  |
| The training content was relevant to my job-related needs. |  |  |  |  |  |  |
| Overall, I feel that I fully accomplished the training’s learning objectives. |  |  |  |  |  |  |
| I will be able to apply the knowledge and skills from the training to my job. |  |  |  |  |  |  |
| I obtained information about the training (i.e., date, time, location) in a timely manner. |  |  |  |  |  |  |
| The training environment was effective for my learning. |  |  |  |  |  |  |
| The technology utilized during the training facilitated my learning. |  |  |  |  |  |  |
| *Additional comments and suggestions:* | | | | | | |