**TRAINING EVALUATION FORM**

**Trainer**: Jeanne Kolo-Johnson, Liz Brown and Jerry Geist **Title of Training**: Housing is the Goal: Communication is the Key

**Date**: August 20, 2018

1. Your knowledge about hearing loss and its impact.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Poor | Fair | Satisfactory | Very Good | Excellent |
| Before the training: | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| After the training: | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

1. Your knowledge of resources for working with people who are deaf, deafblind or hard of hearing (agencies to refer to, publications, relevant websites, etc.).

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| --- | --- | --- | --- | --- | --- |
|  | Poor | Fair | Satisfactory | Very Good | Excellent |
| Before the training: | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| After the training: | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

1. Your knowledge of communication strategies to use when communicating with people who are deaf, deafblind or hard of hearing.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Poor | Fair | Satisfactory | Very Good | Excellent |
| Before the training: | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| After the training: | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

1. How confident do you feel about applying what you learned today in your job or personal life? (1= not at all confident, 5 = very confident)

1 2 3 4 5

1. Would you recommend this session to a co-worker? (1= I will not, 5 = I definitely will)

1 2 3 4 5

1. What will you do differently in your work environment or personal life as a result of this training? Think of your A-HA moment.
2. Anything else you would like to share?