

Goal Training Evaluation & Feedback

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- Authors:** Helen Badge, Maria Weekes, Belinda Jones, Barbara Strettles
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- Resources:** Goal Training Workshop Resources available from:
www.TBIStaffTraining.info

Goal Training Evaluation & Feedback

Date: _____ Training Venue: _____

What is your role? Private **clinician** or **public clinician** or **funder/insurer**? (Please circle)

If other (e.g. researcher/manager) _____

Please circle the types of injuries your clients have:

musculoskeletal/ soft-tissue spinal cord injury amputation brain injury
 burns multi-trauma other: _____

Training Benefits					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
My understanding of the value of goal setting in rehabilitation has improved					
My understanding of the benefits of a collaborative approach to goal setting has improved					
My understanding of the different levels of goal setting (participation/ activity/ impairment) has improved					
My understanding of what constitutes a client-focused goal has improved					
My ability to write goals in SMART format has improved					
My ability to assess the quality of a goal has improved					
My understanding of how information regarding goals, steps and action plans can be clearly conveyed has improved					
The knowledge and skills I have gained today will enable me to perform my role to a higher standard					
Significant changes to my workplace processes will need to occur for me to be able to put my increased knowledge to practical use					

Training Quality					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The course objectives were made clear					
The presented information was easy to follow					
The presentation was engaging					
The PowerPoint slides were clear					
The training manual will be a useful resource					
The practical sessions were useful					
Time for practical sessions was adequate					
Overall, the quality of the training was high					
I would recommend this training to my colleagues					

Please circle your answers to the following:

The **quantity** of information presented was: not enough about right too much

The level of **difficulty** of the course was: too easy about right too difficult

The **length** of the course was: too short about right too long

What was the most useful part(s) of the training session?

How could the training session be improved?

What other training regarding goal setting do you feel needs to be delivered?

Other comments:

Thank you for your time completing the surveys and evaluation form.

Evaluation is integral to ensuring that training is meaningful and useful for participants. Your feedback is greatly appreciated.

Please hand in as directed by the workshop presenter.