

Rural Supportive Housing Initiative Housing Workshop Evaluation

Date: _____

Please take a few moments to respond to these questions.

Circle your answer using the following evaluation criteria:

Please provide your feedback on the training facilitated by Collaborative Solutions, Inc.	5 - Strongly Agree	4 - Agree	3 - Neutral	2 - Disagree	1 - Strongly Disagree
1. The session objectives were stated clearly and met	5	4	3	2	1
2. The sessions were well organized.	5	4	3	2	1
3. The information and skills presented were relevant and useful.	5	4	3	2	1
4. The materials provided were helpful and appropriate for the training.	5	4	3	2	1
5. The rural supportive housing TA providers communicated effectively.	5	4	3	2	1
6. The rural supportive housing TA providers provided adequate time for questions.	5	4	3	2	1

Overall, how would you rate the quality and effectiveness of this conference session?

Excellent
 Good
 Fair
 Acceptable
 Poor

- 1. What did you like most about this training?**

- 2. Overall, how would rate the effectiveness of this training?**

- 3. What was the single most important piece of information you learned through this training?**

- 4. What will you do differently in your work now that you have gained new knowledge?**

- 5. What additional rural supportive housing training opportunities, including specific training content, would be helpful for you in the future?**

- 6. Could we contact you in 6 months to learn more about how this training impacted your work? If yes, please add your name and contact information below:**

Name: _____ **Email Address:** _____

