

***IOWA KIDSIGHT***  
**TRAINING ASSESSMENT FORM**

Thank you for participating in the *Iowa KidSight* volunteer training session. Please fill in this sheet and leave it with the instructor.

	Strongly Agree	Agree	Disagree	Strongly Disagree
Overall, I was satisfied with the training	0	0	0	0
A Review Packet was handed out for future reference, and discussed.	0	0	0	0
The audio/visual aids were effective for learning the content.	0	0	0	0
I feel comfortable with the use and operation of the camera.	0	0	0	0
The number of 4 F's photos were adequate.	0	0	0	0

How would you rate your instructor in the following areas:

	Excellent	Good	Average	Poor
Presentation	0	0	0	0
Explanation of camera	0	0	0	0
Use of camera	0	0	0	0
Explanation of the 4 F's	0	0	0	0

Are there areas that you feel should be included, if so, what?

Do you feel the information about *Iowa KidSight* screening program was clearly explained?

What suggestion do you have for improving the training session?