

## District Malaria Focal Point Workshop End-of-Course Feedback Form

Which days did you attend this training? (please check all that apply)

Day 1 \_\_\_\_ Day 2 \_\_\_\_ Day 3 \_\_\_\_ Day 4 \_\_\_\_ Day 5 \_\_\_\_

Day 6 \_\_\_\_ Day 7 \_\_\_\_ Day 8 \_\_\_\_ Day 9 \_\_\_\_ Day 10 \_\_\_\_

1. Please complete the following by putting a check in the column of your choice.

| Please rate the quality of the following... | Poor | Fair | Good | Very Good | Excellent |
|---|------|------|------|-----------|-----------|
| Overall Content of Course                   |      |      |      |           |           |
| Power Point Slides                          |      |      |      |           |           |
| Participant Workbook                        |      |      |      |           |           |
| Presentation of material by Trainer(s)      |      |      |      |           |           |
| Practicals                                  |      |      |      |           |           |

Comments on any of the topics above:

2. The technical level of the material covered in the training was: (circle one)

Too basic

Just right

Too difficult/technical

3. If you were given the task of improving this workshop, what would you change?

4. Please share any other comments that would help up to strengthen this course.