## STOP Diabetes: Educator Training Evaluation Day 1



## Date of attendance: April 3rd 2014

Thank you for attending our STOP Diabetes: Educator Training. We would welcome your opinion and reflection on whether the training has met your expectations, fulfilled your training needs and what aspects you have found to be enjoyable.

## Please rate how useful you found the following components by circling the relevant score:

Session	Not at all useful					Very useful
Participants arrive and Coffee	1	2	3	4	5	6
Welcome and Introductions	1	2	3	4	5	6
What is different about group self-management education for people with ID	1	2	3	4	5	6
Prevention Messages	1	2	3	4	5	6
What's the take home message?	1	2	3	4	5	6
Development and theoretical underpinning	1	2	3	4	5	6
LD STOP Carer Session	1	2	3	4	5	6
LD STOP Participant sessions 1-4 and resources	1	2	3	4	5	6
Feedback: Sessions 1-4	1	2	3	4	5	6
Challenges and solutions	1	2	3	4	5	6
Preparing to deliver STOP.	1	2	3	4	5	6
What are the next steps and My Action Plan	1	2	3	4	5	6

Please circle one answer on the questions below. Feel free to add comments about specific issues.

The mixture of familiar and unfamiliar information was:

Far too little information	Too little information	About right	Too much new information	Much too much new information
I have learnt new skil	ls			
Strongly agree	Agree	Neither	Disagree	Strongly disagree
I believe I can apply t	he skills			
Strongly agree	Agree	Neither	Disagree	Strongly disagree
I would recommend	this training to other	people?		
Strongly agree	Agree	Neither	Disagree	Strongly disagree

Which were the three most helpful aspects of the training to you?
i
ii
ü
Which were the three least helpful aspects of the training to you?
i
ii .
Identify at least one way that the training could be improved?
Identify which part of the training you found most enjoyable:
Identify at least one aspect of this training that you could implement in your practice:
Any other comments:

## Venue Evaluation:

Please circle as appropriate	Very unsatisfactory				Satisfactory
Meeting Room	1	2	3	4	5
Catering	1	2	3	4	5
Accessibility	1	2	3	4	5
Any other comments:					

Thank you for completing this evaluation sheet