

Immunization Requirements for School Entry 2018-2019

Training Evaluation Survey

Name of Health Department Presenter

Date of Training

Please take a moment to complete this evaluation form. Your input is extremely valuable to us.
Thank you for your time!

Section 1: Objectives

Did you feel the following objectives were met during the training?

(Circle Yes or No)

- | | | |
|--|-----|----|
| 1) Review of Ohio School Immunization Entry Requirements | Yes | No |
| 2) Review of Ohio School Immunization Summary Reporting Requirements | Yes | No |
| 3) Review of Current ACIP Recommended Immunization Schedules | Yes | No |

Section 2: Presentation Evaluation

Respond to the questions below by circling the answer that corresponds to your view.

(Please select one response)

After attending this training,

- 1) I have increased knowledge of Ohio's Immunization Requirements for School Attendance (i.e. Ohio law, etc.).

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
-----------------------	--------------	----------------------------------	-----------------	--------------------------

- 2) I understand which immunizations are required to attend each grade level - including the doses required and minimum intervals.

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
-----------------------	--------------	----------------------------------	-----------------	--------------------------

- 3) I am familiar with reporting requirements, when immunization summaries are due to the state and how to prepare and report my summaries.

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
-----------------------	--------------	----------------------------------	-----------------	--------------------------

- 4) I know where to find helpful immunization resources.

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
-----------------------	--------------	----------------------------------	-----------------	--------------------------

Section 3: Content and Time

Respond to the questions below by circling the answer that corresponds to your view.

- | | | |
|---|------------|-----------|
| 1) Was adequate information presented in an appropriate timeframe? | Yes | No |
| 2) Was enough time allotted to each section? | Yes | No |
| 3) Was sufficient help provided to you during the course of the training? | Yes | No |

If you answered 'No' to any of the questions above, please tell us why.

- 4) What part of this training was most beneficial to you?

- 5) On what topic, if any, would you like to receive further training?

- 6) The trainer presented the material: In-person Webinar Other _____

Comments and Suggestions: Please feel free to make suggestions and comments regarding the presentation and content of the training. This will help us to format and change our trainings in the future. Thank you!

Please return this survey to your local health department presenter. Thank you.