Date of Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Facility name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Role (Peer Mentor or HCSW): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This survey is for staff who have completed their training. The feedback you provide is important and will help us to improve future training sessions. Read each statement and select the best response.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Statements**  | **I agree** | **Not sure** | **I disagree** | **Comments** |
| Attending the training was worth my time |  |  |  |  |
| The training helped me understand safety requirements related to my role and keeping the residents safe |  |  |  |  |
| I learned about the importance of the learner/peer mentor partnership and how to engage in that partnership |  |  |  |  |
| The training session gave me the knowledge and confidence to carry out my role |  |  |   |  |
| The pace of this training session was appropriate |  |  |  |  |
| The information was clearly and effectively presented |  |  |  |  |
| The information provided was relevant to my role |  |  |  |  |
| I know who to contact if I need additional support |  |  |  |  |
| I am confident that I can transfer what I learned into my practice |  |  |  |  |

What parts of this session were most useful to you?

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What could be changed to improve this session?

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What questions are still left unanswered for you about your role?

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