

Health Home Care Coordination Training Evaluation

Please complete and return this evaluation before leaving today.

Date of training: _____
Name of Lead sponsoring training: _____
Name of trainer/s: _____
Location of Training: _____

1. What did you hope to gain from attending this training? (Please be as specific as possible.)

2. Did attending this Health Home training meet your expectations?

- Yes
- No

Why or Why Not?

3. How was the pace of the training?

- Too fast
- Too slow
- Good pace

4. Were the training materials useful (e.g. PowerPoint, Classroom Training Manual, handouts)?

- Yes
- No

5. Were the breakout learning sessions helpful and do you believe that they have aided in providing guidance for your care coordination duties in the field?

- Yes
- No

Please complete the back of this page

6. Prior to attending this training, you completed 12 learning modules. Please rate the modules on how useful each was.

Topic or Activity	Not useful at all	Not very useful	Neutral	Somewhat useful	Very useful
1. Health Home Fundamentals					
2. Six Health Home Services					
3. Health Home Tiers					
4. PRISM Overview and Access					
5. Outreach					
6. Health Action Plan (HAP)					
7. MI & SMART Goals					
8. Initial Engagement					
9. Comprehensive Care Transitions					
10. Documentation and QA					
11. Health Home Care Coordination					
12. Health Home Forms & Documents					

7. Did the information from the modules provide a connection to the information covered by the facilitators in the one-day training?

- Yes
- No

8. Are there any other comments or suggestions that you would like to add?

Thank you for your feedback!