**EVALUATION FORM**

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| ***Webinar Title: Reporting Requirements*** *DATE: April 16, 2020* |
| **WEBINAR EVALUATION****(CHECK THE APPROPRIATE BOX FOR EACH ITEM)** | **Strongly** **Agree** | **Agree** | **Unsure** | **Disagree** | **Strongly** **Disagree** | **NA** |
| The training met my expectations |[ ] [ ] [ ] [ ] [ ] [ ]
| The subject was thoroughly covered |[ ] [ ] [ ] [ ] [ ] [ ]
| The slides contained useful information |[ ] [ ] [ ] [ ] [ ] [ ]
| The slides were well organized and easy to follow |[ ] [ ] [ ] [ ] [ ] [ ]
| My knowledge and skills increased as a result of this training |[ ] [ ] [ ] [ ] [ ] [ ]
| As a result of the training, I will be able to more effectively manage my grant |[ ] [ ] [ ] [ ] [ ] [ ]
| The Q & A session provided valuable information |[ ] [ ] [ ] [ ] [ ] [ ]
| The pace of the training allowed me to readily absorb the material that was presented. |[ ] [ ] [ ] [ ] [ ] [ ]
| The presenter was knowledgeable about the topic |[ ] [ ] [ ] [ ] [ ] [ ]
| The presenter provided quality instruction |[ ] [ ] [ ] [ ] [ ] [ ]
| What was the most useful information you learned during this webinar? |
| Were there topics that you would have liked to see addressed (that are not slated to be covered in upcoming webinars)? |
| What improvements could be made to the webinar to make it more relevant or useful for you? |
| Are there any other grants management resources that you would like to see provided by SAMHSA (fact sheets, information on the website, etc.)? |
| Other comments: |

Please send completed evaluation form to: beverly.vayhinger@samhsa.hhs.gov or GPOtraining@samhsa.hhs.gov