# NIFDI Video In-Service Evaluation

Date: __________________ Location: __________________

Your name (optional): ______________________________________________________

Facilitator’s name: _________________________________________________________

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Strongly Disagree</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The session was logical and well organized.</td>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
</tbody>
</table>

Comments __________________________________________________________________________

___________________________________________________________________________________

2. The content was useful and practical for my situation. | 5 | 4 | 3 | 2 | 1 | NA |

Comments __________________________________________________________________________

___________________________________________________________________________________

3. The content was well presented. | 5 | 4 | 3 | 2 | 1 | NA |

Comments __________________________________________________________________________

___________________________________________________________________________________

4. The handouts supported the video presentation. | 5 | 4 | 3 | 2 | 1 | NA |

Comments __________________________________________________________________________

___________________________________________________________________________________

5. What are the 3 most important things (topics) you learned during this training?  
___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

6. What specific recommendations would you make for improvement?  
___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

7. What additional training would you like to receive?  
___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

8. Any other comments or suggestions?  
___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

Thank you for your feedback.