

# **CHILD AND DEPENDENT ADULT ABUSE TRAINING**

## ***Evaluation Form***

Please evaluate the training in which you participated by circling the appropriate number.

	<u>Outstanding</u>		<u>Standard</u>		<u>Needs Improvement</u>
1. The training materials were understandable and to the point.	5	4	3	2	1
2. The trainer was knowledgeable and organized.	5	4	3	2	1
3. The handouts and/or visual aids enhanced the training process.	5	4	3	2	1

### Training Objectives:

	<u>Outstanding</u>		<u>Standard</u>		<u>Needs Improvement</u>
1. Were the basic concepts, issues, and procedures explained clearly?	5	4	3	2	1
2. Was an awareness of child and dependent adult abuse achieved?	5	4	3	2	1
3. Were abuse situations and concepts defined clearly to assist in identifying abuse?	5	4	3	2	1
4. Were the responsibilities and duties of mandatory reporters clearly defined and addressed?	5	4	3	2	1

### General:

1. What was most useful that you learned today?
  
  
  
  
  
  
  
  
  
  
2. What about the training would you change to make it better for others who learn about this topic after this training?
  
  
  
  
  
  
  
  
  
  
3. What additional training or information would help you better understand and report abuse?
  
  
  
  
  
  
  
  
  
  
4. Other comments:

Thank you for your comments, as this information will help us in planning future trainings.  
**Nurses have the option of submitting this evaluation directly to the Iowa Board of Nursing.**

**Iowa Board of Nursing  
RiverPoint Business Park  
400 S.W. 8<sup>th</sup> Street, Suite B  
Des Moines, IA 50309-4685**