Training Evaluation Form

**DHIS2 Training – Module 2**

**Training Evaluation Form**

The information you provide will be used to improve the quality of the next DHIS2 trainings conducted by HISP Uganda in partnership with Makerere University and University of Oslo. Thank you for your participation.

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| DHIS2 | **(Check only one)** |  |  |

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| **Evaluation Sections** | **1** | **2** | **3** | **4** | **5** | **Rating Scale 1-**Poor **2-**Below Average **3–S**atisfactory  **4-**Good **5-**Excellent |
| **General Comments** | | | | | | |
| Venue Facilities |  |  |  |  |  |  |
| Quality of computer equipment |  |  |  |  |  |
| **Training Session Comments** | | | | | | |
| Pace and structure of the training |  |  |  |  |  |  |
| Relevance of course content |  |  |  |  |  |
| Quality of reference materials |  |  |  |  |  |
| Group atmosphere |  |  |  |  |  |
| Content met expectations |  |  |  |  |  |
| Content was clear |  |  |  |  |  |
| **Instructors Comments** | | | | | | |
| Teaching method |  |  |  |  |  |  |
| Quality of answers to questions |  |  |  |  |  |
| Knowledge of Topic |  |  |  |  |  |
| **Software Content Comments** | | | | | | |
| Usefulness in my job |  |  |  |  |  |  |
| Content is current |  |  |  |  |  |
| Task lists met expectations |  |  |  |  |  |
| **You Comments** | | | | | | |
| Your interest in the training |  |  |  |  |  |  |
| Your goals were met |  |  |  |  |  |
| Likelihood to use what you’ve learned |  |  |  |  |  |
| **Overall rating** |  |  |  |  |  | **Comments** |

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| **Comments** | |
| **Strong points of the training:** | **Things to be improved:** |
| **What are the three most important things you learned about DHIS2?** |  |
| **Would you recommend this training to others?**  **If Yes, why?** | **Other topics you would like to learn:** |
| **If you were given the task of redesigning the training, what would you change?** | **Was the number of days for the training sufficient to understand the content listed in the DHIS2 Module 2 training outline?**  **If No, how many days would recommend the training for health facility staff?** |
| **If you were given the task of redesigning the software, what would you change?** |  |
| ***\*Optional*** *Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | |