OPEN DISCLOSURE: EVALUATION FORM

Type of Training:		Training Date:	
Training Facilitator(s):			

1. How relevant was this training to you?	Extremely relevant ☐ Very relevant ☐ Moderately relevant ☐ Minimal relevance ☐ Not relevant ☐
2. Will this training influence or change your practice?	Yes ☐ Please specify 3 proposed changes to your practice going forward: 1. 2. 3. No ☐

3. Were the stated objectives met?	Yes ☐ No ☐	If no, why?

4. What is your overall assessment of the training?	Very Satisfied ☐ Satisfied ☐ Partially Satisfied ☐ Not Satisfied ☐	**5. How much learning did you gain from this training?**	Learned a lot ☐ Learned somewhat ☐ Learned little ☐ Learned nothing ☐

6. Please indicate up to three learning points from this training.	1	
	2	
	3	

7. What did you specifically like about this training?	

8. What would you improve about this training?	

9. Circle the number that best represents your confidence/readiness level to engage in an OD process where 1= least confident/ready and 5 = most confident/ready:

<div align="center">

1   2   3   4   5

</div>

10. Would you recommend this training to others? (please circle)   YES   NO

Thank you for taking the time to complete this evaluation