



Basic TB Validation Course Participant Evaluation

Basic Participant's Name _____

Date of Course ____ / ____ / ____

The following content objectives were met:

	Strongly Disagree	Disagree	Strongly Agree	Agree
1 Program was well organized.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 Information provided was accurate and current.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Teaching methods were effective.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 The content of this offering will benefit me in the clinical setting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 The instructor provided an environment of interest and learning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Overall, I would positively rate the program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please include any additional comments _____

Administration Verifications *This form must be used (and saved for three years).*

The following content objectives were met:

	Strongly Disagree	Disagree	Strongly Agree	Agree
1 The participant and instructor(s) worked together in an atmosphere that encouraged an open exchange of information.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 The participant was able to successfully demonstrate the procedures for administering, reading, recording, and interpreting a Mantoux TST.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 The participant was able to verbalize that completion of the two-part TB Education Program has provided knowledge and skills focused on TST.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>