

PARTICIPANT EVALUATION FORM

The information on this side is required – the other side is optional

RATING SCALE						
5 = excellent 4 = very good 3 = neutral 2 = fair 1 = poor [0 = N/A or did not attend this session]						
	5	4	3	2	1	0
Your overall rating of the venue/location						
Your overall rating of the information provided						
Your overall rating of the presentations:						
<i>nPEP Availability in Emergency Room settings in Los Angeles</i> Jenna Alcaron						
<i>PrEP Efficacy and Implementation Within Clinical Settings</i> Gifty Ntim						
<i>HIV, PrEP & Pregnancy in Sero-discordant Relationships</i> LaShonda Spencer						
<i>Accessing and Financing the FC2</i> Roxanne Lewis						
Your overall rating of the materials (handouts or downloads)						
RATING SCALE						
5 = absolutely agree 4 = somewhat agree 3 = uncertain 2 = somewhat disagree 1 = disagree 0 = N/A						
	5	4	3	2	1	0
Your overall rating of the event:						
I benefitted from this training						
This training expanded my knowledge of this topic						
The material was relevant to my professional activities						
I would attend another training by the HIV DATF						

SPA in which you work: 1 2 3 4 5 6 7 8

Your agency provides services through contracts with: *check as many as apply*

- | | |
|--|---|
| <input type="checkbox"/> Department of Mental Health (DMH)
<input type="checkbox"/> DHSP / Ryan White
<input type="checkbox"/> Substance Abuse Prevention & Control (SAPC) | <input type="checkbox"/> I do not know
<input type="checkbox"/> other: _____ |
|--|---|

Training Title: **Women Use PrEP, Too!**

Date: **October 6, 2016**

The demographic information on this side is optional – the other side is required

WHO ARE WE REACHING WITH OUR TRAININGS?

Gender circle as many as apply

female male trans* other

Age

under 24 25-40 41-60 over 60

Ethnicity/Race circle as many as apply

African-American/Black	Cambodian	Indonesian	Pacific Islander
Alaskan/Native American	Caucasian/White	Japanese	Sri Lankan
Asian	Chinese	Korean	Thai
Burmese	Filipino	Latino	Other: _____
	Hispanic	Middle Eastern	

Your current professional status: circle as many as apply

Case Manager	Harm Reductionist	Linkage to care	Program Manager
Case Manager, Medical	Health Educator	Mental Health Provider	SUD/AOD Counselor*
Executive Director	Housing Provider	Outreach Worker	Treatment Advocate
Other: _____			

License circle as many as apply

BBS	CAS	MFT	Other: _____
CADC-CAS	CATC	LCSW	
CAODC	CHES	LVN/RN	

Your primary reason for selecting this training: choose one

Important to job activities	Needed HIV training hours	Recommended by colleague	Subject was of interest
Needed CEUs		Reputation of speakers	
Other: _____			