TB training workshop evaluation, DATE

**Thank you for attending today’s TB champions training. We would value your feedback on the session content and delivery.**

Day 1 sessions

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Looking at the various sections of the presentation, please tick (✓) as appropriate | Very good | Good | Average | Poor | Very poor |
| **Part 1: The TB Champions Programme** |  |  |  |  |  |
| **Part 2: TB from global to local** |  |  |  |  |  |
| **Part 3: TB and latent TB** |  |  |  |  |  |
| **Part 4: Eligibility** |  |  |  |  |  |
| **Part 5: Introduction to tools and resources** |  |  |  |  |  |
| **Part 6: Role play** |  |  |  |  |  |

Day 2 sessions

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Looking at the various sections of the presentation, please tick (✓) as appropriate | Very good | Good | Average | Poor | Very poor |
| **Part 1: Welcome and resources** |  |  |  |  |  |
| **Part 2: Boundaries and challenges for interviewers** |  |  |  |  |  |
| **Part 3: Role play** |  |  |  |  |  |
| **Part 4: Small group activity** |  |  |  |  |  |

2. Do you have any comments on the presentations?

3. What did you find **most useful** about the day?

4. What did you find **least useful** about the day?

5. Do you have any comments on event planning (materials, invitation, venue, catering, etc)?

6. Please provide any general comments you may have?