

## COURSE EVALUATION

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Please fill out the following course evaluation to help us improve upon the course in the future. Thank you for your feedback.

1. What is your gender?
  - a. Female
  - b. Male
  - c. Other/prefer not to respond
  
2. How old are you?
  - a. <30
  - b. 30-39
  - c. 40-49
  - d. >50
  
3. What is your job title?
  - a. Doctor
  - b. Nurse
  - c. Midwife
  - d. Health Officer
  - e. Other (Please specify: \_\_\_\_\_)
  
4. In what type of health facility do you currently provide family planning services?
  - a. Hospital (tertiary care facility)
  - b. center (secondary care facility)
  - c. Health post (primary care facility)
  - d. Other (Please specify: \_\_\_\_\_)
  
5. Do you provide family planning counseling, particularly on LARC methods, to your clients?
  - a. Yes
  - b. No
  
6. How many IUD/implant insertion or removals have you conducted in the past month?
  - a. 0
  - b. 1-5
  - c. 5-10
  - d. 10 or more
  
7. Have you ever received a training in providing LARC services?
  - a. Yes. Please explain \_\_\_\_\_
  - b. No

8. Please fill out the table below regarding your impressions of the course using the below rating scale:  
**4 = strongly agree 3 = agree 2 = disagree 1 = strongly disagree**

Questions	Rating	Comments
1. The course fulfilled its goal and objectives		
2. The course content – including the role plays, use of anatomical models, job aids, and activities – were useful and relevant to my needs.		
3. The course content was organized with appropriate allocation of time		
4. The topic was appropriate to my level of knowledge		
5. 5. The trainers clearly presented the material in a way that was easy to understand and allowed me to ask questions when I did not understand.		

9. Please list **3** things that you liked about the course.

10. Please list **3** things that need to be improved in the course.

11. Do you have plans or suggestions for how to remain in touch with your cohort from today's training?

12. Now that I have completed this course, I feel:

- a. Confident to provide insertion and removal of LARC methods
- b. Prepared to counsel clients for LARC methods
- c. That I need more practice in the clinic
- d. Other. Please describe \_\_\_\_\_

*Thank you!*