

# PROVIDER REPRESENTATIVE TRAINING WORKSHOP EVALUATION

**SPEAKER:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Type of training: \_\_ Go To Meeting \_\_ At NDPERS Office \_\_ Web based

## NDPERS 2010 Provider Representative Training

**Rate the session as to the amount of useful information you gained by checking the box you feel is most appropriate.**

Excellent       Good       Fair       Poor       Was not useful

Comments:

---

---

**Rate your opinion of the speaker's presentation of the subject matter:**

Excellent       Good       Fair       Poor       Was not useful

Comments:

---

---

**Rate your opinion of the materials used, can they be improved?**

Excellent       Good       Fair       Poor       Was not useful

Comments:

---

---

**How well did the session fulfill your expectations?**

Excellent       Good       Fair       Poor       Was not useful

Comments:

---

---

