

Alaris® System CBT Course Evaluation

Your feedback helps us to improve this training for future learners. Please print the form, complete the evaluation, and fax it to 858-458-6186. Optionally, if you would like us to contact you about the training, enter your contact information here:

Name _____ Facility _____ Phone _____

Next to each statement, write a number from 1 to 5 describing how much you agree with the statement (1 = Strongly Disagree and 5 = Strongly Agree).

	Screens are clear and easy to read.
	It is easy to navigate through the course.
	Learning objectives are clearly communicated.
	Content is easy to understand.
	Content is well organized.
	The hands-on activities are useful in learning to operate the Alaris® System.
	The training prepared me to operate the Alaris® System on the job.
	The training prepared me for classroom or in-service training on the Alaris® System.
	Some parts of the training are unnecessary. (Please state what you feel should be deleted.)
	Important information is missing from the training. (Please state what you feel should be added.)
	Please state any other comments you think would help us improve the training.