Maine Developmental Disabilities Council
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PART I

Post-training evaluation questionnaire

1. Please circle all that apply to you:

MD	DO	PA	NP	PhD	RN	LCSW	MSW	DSP	Guardian	Administrator	CRMA	Medical Assistant	Medical Support Personnel

2. Please circle one that applies to your practice environment:

Family Practice	**Paediatric Practice**	**Internal Medicine**	**Hospitalist**	**Emergency Medicine**	**Dental Practice**	**Specialty Practice**

3. During your medical training did you receive specific training on care management of individuals with intellectual and or developmental disabilities?

4. Do you currently care for patients with an I/DD

5. On a scale of 1-5 what is your comfort level with developing an appropriate care plan for individuals with I/DD

6. Are you familiar with all agencies that can provide resources and advocacy for individuals with I/DD in the State of Maine

7. Please identify any barriers you perceive in implementing these changes? Cost, lack of time, lack of support, patient compliance, reimbursement issues

8. Will information gained from the training change the way that you deliver care to patients with I/DD?

9. If yes, how will you change your practice?

For office use only:
Date:
Facility:
Zip Code:

PART II

Instructions:

Please give your answers or comments in writing, or indicate the extent to which you gained confidence in the topics you learnt today on a scale of 1 to 5.

1. Overall evaluation of day 1					
Today, what impressed me or interested me most was ... (please explain why)					
2. To what extent did you gain confidence in the following topics you learn today?					
	Not at all	**Not well**	**Neutral**	**Well**	**Very well**
Your knowledge of different health issues individuals with I/DD experience.	1	2	3	4	5
What to look for when someone with I/DD is experiencing a change in behaviour.	1	2	3	4	5
Understand that behaviour changes are often a manifestation of another problem.	1	2	3	4	5
What to say to a person who has I/DD.	1	2	3	4	5
The importance of direct communication with individuals who have I/DD.	1	2	3	4	5
Strategies for communication with a person with I/DD	1	2	3	4	5
The importance of understanding having the "whole" picture of the patient's condition when going to a medical appointment.	1	2	3	4	5
The importance of understanding the best type of communication to use with the individual with I/DD	1	2	3	4	5
Understanding of the tools provided in your session folder	1	2	3	4	5
Do you feel better educated on how to effectively manage the care of someone with I/DD?	1	2	3	4	5
How can we improve this training or support you?					
3. How good was the facilitation?	**Not at all**	**Not well**	**Neutral**	**Well**	**Very well**
The facilitators knew the subject matter well.	1	2	3	4	5
The facilitators gave clear explanations of the topics.	1	2	3	4	5
4. How was the speed of the lecture?	**Too slow**	**Slow**	**Yes**	**Fast**	**Too fast**
The speed of the lectures was appropriate.	1	2	3	4	5
The facilitators welcomed questions and responded to them appropriately.	1	2	3	4	5
How can we improve our facilitation?					

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