

## IMAS Training 30 Day Evaluation

IMAS Training Completion Date \_\_\_\_\_

Did this training help you understand the purpose of IMAS?

Yes

No

Will this training assist you in properly administering IMAS?

Yes

No

Is there anything that you would change in administering the IMAS?

Yes

No

If yes, what? \_\_\_\_\_

\_\_\_\_\_

Has this training assisted you in effectively instructing those who will be using IMAS?

Yes

No

Not Applicable

In what way(s) was the training effective? \_\_\_\_\_

\_\_\_\_\_

What part of the training has been most applicable to your teaching and/or administrative situation?

\_\_\_\_\_

\_\_\_\_\_

What barriers hindered your implementation of the training?

\_\_\_\_\_

\_\_\_\_\_

Since it has been 30 days since the training, do you have different ideas on how the training could be improved from when you filled out your previous evaluation?

\_\_\_\_\_

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\_\_\_\_\_

