Post Training Evaluation – NDIS Foundations

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

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

Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please rate your overall satisfaction with today’s session? (1 = lowest; 10 = highest)

1 2 3 4 5 6 7 8 9 10

Please rate the following:

|  |  |
| --- | --- |
| Topic | Rate from 1 - 10 (1 = lowest, 10 = highest) |
| **A.** Please rate your understanding of the key features of the NDIS | 1 2 3 4 5 6 7 8 9 10 |
| **B.** Please rate your confidence in navigating the NDIS pathway | 1 2 3 4 5 6 7 8 9 10 |
| **C.** Please rate you understanding of how to achieve timely NDIS access & supports | 1 2 3 4 5 6 7 8 9 10 |
| **D.** Please rate your confidence in providing supporting evidence, using the ‘permanent & significant’ criteria according to the NDIS Act | 1 2 3 4 5 6 7 8 9 10 |
| **E.** Please rate your confidence in providing clinical justification, using the ‘reasonable & necessary’ criteria for NDIS funded supported | 1 2 3 4 5 6 7 8 9 10 |
| **F.** Please rate your understanding of best practice collaborative discharge planning | 1 2 3 4 5 6 7 8 9 10 |

P.T.O

2. I will be able to use what I learned in today’s session

Strongly agree Agree Disagree Strongly disagree

3. What was most useful in the training session today?

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4. What was least useful?

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5. Any comments, suggestions, further training needs, other feedback?

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6. We need to match your pre and post evaluation results - Please write down the
identification word/number you used for the Pre evaluation

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