

Curriculum for Training and Certifying Unlicensed Staff as TST Technicians

Trainer's Evaluation

Please use this form to provide feedback about your experiences using this curriculum.
Please fax the completed form to NAME, (XXX) XXX-XXXX. Or mail it to: NAME, ADDRESS, CITY,
STATE, ZIP

Session 1: Introduction to TB and TB Control – Part 1

	Excellent	Good	Fair	Poor	Comments
Overall content	4	3	2	1	
Trainer's Guide	4	3	2	1	
Participant's Workbook	4	3	2	1	

Session2: Introduction to TB and TB Control – Part 2

	Excellent	Good	Fair	Poor	Comments
Overall content	4	3	2	1	
Trainer's Guide	4	3	2	1	
Participant's Workbook	4	3	2	1	

Session3: Principles of TST – Part 1

	Excellent	Good	Fair	Poor	Comments
Overall content	4	3	2	1	
Trainer's Guide	4	3	2	1	
Participant's Workbook	4	3	2	1	

Trainer's Evaluation

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Session 4: Principles of TST – Part 2

	Excellent	Good	Fair	Poor	Comments
Content	4	3	2	1	
Trainer's Guide	4	3	2	1	
Participant's Workbook	4	3	2	1	

Session 5: Practicum – Placing and Measuring TST

	Excellent	Good	Fair	Poor	Comments
Content	4	3	2	1	
Trainer's Guide	4	3	2	1	
Participant's Workbook	4	3	2	1	

Session 6: Confidentiality, Professional Behavior, Using Interpreters, Final Review, and Next Steps

	Excellent	Good	Fair	Poor	Comments
Content	4	3	2	1	
Trainer's Guide	4	3	2	1	
Participant's Workbook	4	3	2	1	

Trainer's Evaluation

(continued)

Please indicate your level of agreement with the following statements:

	Strongly agree	Agree	Disagree	Strongly disagree	Comments
<i>I am confident I have the skills to effectively teach this curriculum.</i>	4	3	2	1	
<i>I would recommend this curriculum to others who have responsibility for training TST to unlicensed staff.</i>	4	3	2	1	
<i>The overheads/PowerPoint Slides (available 12/04) are useful.</i>	4	3	2	1	
<i>The organization of the course materials is clear.</i>	4	3	2	1	
<i>The reading level for participants is appropriate.</i>	4	3	2	1	
<i>The time frames for each section are realistic.</i>	4	3	2	1	

Suggestions for how to improve this curriculum:

Any other final comments:

Your name (optional) _____ Employer _____
 City _____ State _____ Telephone _____
 Email _____