



## Overall Evaluation Form

### Designated Doctor and Certifying Doctor Required Certification Training (Interactive Live Webinars)

February 9-10, 2024

Overall Satisfaction		Strongly Agree	Agree	Disagree	Strongly Disagree
1.	The presentation content satisfied my expectations.				
2.	The examples, activities or demonstrations helped me to learn.				
3.	The presentation materials were useful.				
4.	The audio/visual aids (overheads, flipcharts, videos, music, etc.) enhanced the course.				
5.	The presenter(s) seemed knowledgeable about the topics.				
6.	The presenter(s) encouraged participation, provided clear feedback, and summarized the main points.				
7.	The topics presented in this course will help me do my job as a DD.				
8.	The presentations improved my skills and knowledge.				
9.	Overall, I was satisfied with the presentation of this Course.				

**Course comments and suggestions:**

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Name: \_\_\_\_\_  
(Optional)

*Thank you for completing this form. Please fax the completed form to 512-490-1040 or email to [opc@tdi.texas.gov](mailto:opc@tdi.texas.gov).  
Your information will be used to measure the level of satisfaction with this event and to determine areas for improvement.*