



# EVALUATION SHEET 1: PARTNER ABUSE

DATE: \_\_\_\_\_

**TO BE COMPLETED AT THE END OF THE MORNING SESSION, BEFORE LUNCH PLEASE**

We are anxious to continue to improve the quality of this teaching experience. For each of the teaching sessions please circle the response that best describes your feeling about it. Please circle the number below which best describes your feeling about each of the following statements.

1.	How well organised were we?	Well organised	1	2	3	4	5	Very Disorganised
2.	Were the goals of the morning clearly explained?	Very clear	1	2	3	4	5	Very Unclear
3.	Did we achieve a good balance between theory and practice?	Very good	1	2	3	4	5	Very Poor
4.	Did we achieve a good balance between teacher contribution and student participation?	Very good	1	2	3	4	5	Very Poor
5.	Did the training integrate information relevant to working specifically with Maori clients?	Very well	1	2	3	4	5	Very Poor
6.	Did we value the knowledge and experience you brought to class?	Regularly	1	2	3	4	5	Never
7.	Did our use of teaching aids (OHTs, powerpoint) help your understanding of partner abuse?	Definitely	1	2	3	4	5	Not at all
8.	How valuable were the handouts as aids to learning?	Extremely Valuable	1	2	3	4	5	Not at all valuable
9.	The sessions were relevant to my daily clinical practice	Strongly Agree	1	2	3	4	5	Strongly Disagree
10.	Partner abuse is an important problem for my clinical practice	Strongly Agree	1	2	3	4	5	Strongly Disagree
11.	I feel confident to take a history for partner abuse	Strongly Agree	1	2	3	4	5	Strongly Disagree
12.	I feel confident that I could respond safely if a woman disclosed partner abuse	Strongly Agree	1	2	3	4	5	Strongly Disagree
13.	I have a good understanding of the referral options in (region) for a woman experiencing abuse	Strongly Agree	1	2	3	4	5	Strongly Disagree

We would be grateful for your comments on the morning.

What did you like about the course?

\_\_\_\_\_

What did you not like about the course?

\_\_\_\_\_

What would you do differently next time?

\_\_\_\_\_

*Please add any other comments on the back of this sheet.*

## EVALUATION SHEET 2: CHILD ABUSE

DATE: \_\_\_\_\_

### TO BE COMPLETED AT THE END OF THE AFTERNOON SESSION PLEASE

1.	How well organised were we?	Well organised	1	2	3	4	5	Very Disorganised
2.	Were the goals of the afternoon clearly explained?	Very clear	1	2	3	4	5	Not at all clear
3.	Did we achieve a good balance between theory and practice?	Very Good	1	2	3	4	5	Poor
4.	Did we achieve a good balance between teacher contribution and student participation?	Very good	1	2	3	4	5	Poor
5.	Did the training integrate information relevant to working specifically with Maori clients?	Very well	1	2	3	4	5	Poorly
6.	Did we value the knowledge and experience you brought to class?	Regularly	1	2	3	4	5	Rarely
7.	Did our use of teaching aids (OHTs, powerpoint) help your understanding of child abuse?	Definitely	1	2	3	4	5	Not at all
8.	How valuable were the handouts as aids to learning?	Extremely Valuable	1	2	3	4	5	Not at all valuable
9.	The sessions were relevant to my daily clinical practice	Strongly Agree	1	2	3	4	5	Strongly Disagree
10.	Child abuse is an important problem for my clinical practice	Strongly Agree	1	2	3	4	5	Strongly Disagree
11.	I would recognise when a colleague's response to child abuse was unsafe	Strongly Agree	1	2	3	4	5	Strongly Disagree
12.	I understand the roles of CYFS and the police in child protection	Strongly Agree	1	2	3	4	5	Strongly Disagree
13.	I feel confident to take a history about child abuse	Strongly Agree	1	2	3	4	5	Strongly Disagree
14.	I feel confident to recognise the signs of child abuse	Strongly Agree	1	2	3	4	5	Strongly Disagree
15.	I feel confident in my ability to manage a case of child abuse	Strongly Agree	1	2	3	4	5	Strongly Disagree

We would be grateful for your comments on the afternoon.

What did you like about the course?

\_\_\_\_\_

What did you not like about the course?

\_\_\_\_\_

What would you do differently next time?

\_\_\_\_\_

*Please add any other comments on the back of this sheet.*