PROVIDER/VENDOR SURVEY FORM
OCRA SURVEY

PRESENTER(S) NAME:_____
TITLE OF TRAINING: _____
DATE OF ACTIVITY/TRAINING:_____
NAME OF PARTICIPANT (OPTIONAL):_____

1. Did you like where the training was held? Yes___ No___

(Getting into the building, was the training room comfortable, were you able to get into the bathroom, was the information provided helpful, etc.)

2. Did you learn something from this training? Yes___ No___

3. Did the information presented meet your needs? Yes___ No___

	Excellent	Good	Fair	Poor
4. How would you rate the quality of the presentation?	4_	3_	2_	1_
5. Overall, how would you rate the usefulness of this training/presentation?	4_	3_	2_	1_

6. Are there any issues or areas you would like OCRA to train in over the next year?

_____

_____

7. Comments/suggestions:_____

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