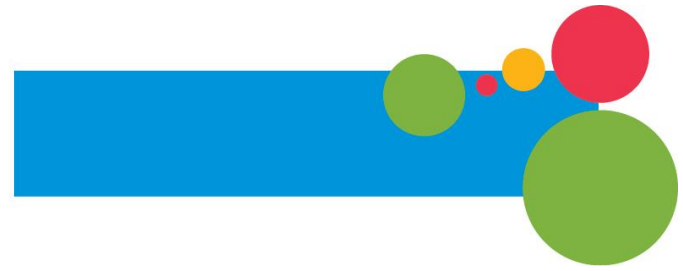




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## SPECIAL NEEDS TRANSPORT IN-SERVICE FOR OTs, PTs AND HOSPITAL PERSONNEL Workshop Evaluation

**Title of Workshop:** Special Needs Transport In-Service for OTs, PTs and Hospital Personnel

**Presenter(s):** \_\_\_\_\_

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

**Please rate the following items on a scale from 1 to 5 by circling the appropriate number:**  
**1= STRONGLY DISAGREE and 5= STRONGLY AGREE**

1. I felt that the workshop was well organized and the main points were well covered and clarified.

1   2   3   4   5

2. I felt that the instructor demonstrated comprehensive knowledge of the subject matter.

1   2   3   4   5

3. I felt the workshop helped me understand more about transporting children with special healthcare needs.

1   2   3   4   5

4. I felt the presentation conveyed ideas effectively and clearly and the material was informative and easy to understand.

1   2   3   4   5

5. I gained useful information and will be able to apply what I learned to my professional or personal life.

1   2   3   4   5

6. What was the most valuable aspect of the workshop?

\_\_\_\_\_  
\_\_\_\_\_

7. What could have been done to improve the workshop?

\_\_\_\_\_  
\_\_\_\_\_

Additional comments or suggestions:

\_\_\_\_\_  
\_\_\_\_\_