

LTC Community Services Waiver Programs WEBINAR EVALUATION

Please fax completed evaluation to 512-506-7002

Webinar Name: LTC – Community Services Waiver Program

Webinar Date/Time: _____

Presenter (s): Linda Wiley

Which of the following best describes your role?

- Healthcare Provider (e.g. Physician, Nurse)
- Medical Office Manager/Staff (non billing staff)
- State Agency Employee

Please use the following scale to answer the following questions:

1. *Strongly Disagree*
2. *Somewhat Disagree*
3. *Somewhat Agree*
4. *Strongly Agree*

Please consider only your experience with the webinar you attended:

- | | | | | |
|--|---|---|---|---|
| 1. The webinar enhanced my understanding of submission & monitoring assessments. | 1 | 2 | 3 | 4 |
| 2. The information presented was clear and concise. | 1 | 2 | 3 | 4 |
| 3. I feel confident in my ability to apply the information presented. | 1 | 2 | 3 | 4 |
| 4. The presenters were effective and engaging. | 1 | 2 | 3 | 4 |
| 5. The presenters answered questions clearly and completely. | 1 | 2 | 3 | 4 |
| 6. The Webinar format for this workshop topic was valuable and user friendly. | 1 | 2 | 3 | 4 |
| 7. Overall, I was satisfied with the webinar. | 1 | 2 | 3 | 4 |

Please let us know what topics you would like more information on. _____

Please provide any additional comments on your experience at this webinar. _____

Please fax completed form to TMHP at 512-506-7002.

Please consider only your experience with the webinar you attended:

Why did you attend? Check all that apply.

- In-person workshop was full
- Workshop was held at an inconvenient time
- Workshop was held at an inconvenient location
- Did not learn about workshops in time to register
- Attended workshop, using online as a *refresher*
- No budget for out-of-office training
- My organization does not allow travel for training
- Other: _____

Please provide your contact information, *only* if you would like to be contacted by a TMHP Provider Representative.

Name: _____

Provider Name and Provider Identifier: _____

Address: _____

Email: _____

Telephone Number: _____