

DSRIP Training Assessment

The goal of the DSRIP Training Assessment is to collect feedback regarding trainings that occur across the PPS. Please provide detailed answers to the questions below.

Name:	Job Title:
Organization:	Training:
How will you apply information from this training to your job?	
What was the most valuable part of this training?	
How did the training support DSRIP Project implementation in your organization?	
Please be as specific as possible	
Would you recommend this training to others in your field?	Yes No If no, please explain why:
Would you recommend exploring	
bringing this training to our PPS?	Yes 🗌 No 🗌
Were handouts provided?	Yes D No D If yes, please list training materials received (ie: PPT slides, workbook, etc.):
Additional Comments You Wish to Share:	



Adirondack Health Institute