

**The Council of Southeastern Pennsylvania, Inc.
SBIRT Training Evaluation Form**

Name as you would like it to appear on certificate*: _____

Trainer: _____ Date: _____

Agency: The Council of Southeast Pennsylvania, Inc.

Email Address*: _____

*Required

Test Type:

- Pre-Test Post-Test Evaluation

Gender Identity:

- Female Male Transgender
 Non-binary Prefer not to say Other

Age:

- Under 18 18-30 31-50
 51-65 Over 65

Would you describe yourself as:

- White Hispanic or Latino Black or African American
 Native American or American Indian Asian/Pacific Islander Other

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	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. This training gave me a clear understanding of how to encourage providers to screen and provide advice or counseling to their patients who misuse alcohol or other drugs.*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. This training gave me a clear understanding of how to influence risky behavior patterns and reduce exposure to the negative consequences of misuse.*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. This training gave me a clear understanding of how to improve linkages between various community providers and specialized substance abuse providers to facilitate access to care when needed.*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. This training gave me a clear understanding of how to encourage providers to screen and provide advice or counseling to their patients who misuse alcohol or other drugs.*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. My interest was held throughout the training?*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I would recommend this training to others?*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I recommend this trainer to others?*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Excellent Very Good Good Fair Poor

8. Overall, how would you rate the training?*

○ ○ ○ ○ ○

9. What did you like about the training?*

10. What would you recommend changing about the training?*

11. Now that you have completed this training, what additional training (if any) would be helpful? *

12. Other comments, observations, suggestions:
