

## A Matter of Balance Coach Training Class Evaluation

**Date:**

Thank you for participating in *A Matter of Balance* coach training. Please take a few minutes to complete this evaluation form. We appreciate your feedback.

Please circle answers that apply.

**1. The leaders were well prepared.**

Strongly Agree      Agree      Disagree      Strongly Disagree

**2. The class was well organized.**

Strongly Agree      Agree      Disagree      Strongly Disagree

**3. The coach manual and handouts were useful.**

Strongly Agree      Agree      Disagree      Strongly Disagree

**4. The classroom was suitable for the training**

Strongly Agree      Agree      Disagree      Strongly Disagree

**5. After completing the training sessions, how confident are you that you can...**

**Facilitate a Matter of Balance class?**

1. Totally confident    2. Very confident    3. Confident    4. Slightly confident    5. Not confident at all

**Answer questions that might be asked by program participants?**

1. Totally confident    2. Very confident    3. Confident    4. Slightly confident    5. Not confident at all

**Lead the Matter of Balance exercises during the sessions?**

1. Totally confident    2. Very confident    3. Confident    4. Slightly confident    5. Not confident at all

**Assist participants using the Home Safety Checklist?**

1. Totally confident    2. Very confident    3. Confident    4. Slightly confident    5. Not confident at all

**6. Comments and Suggestions:**

**Thank You!**