

**Participant Evaluation Form**

Today's Date \_\_/\_\_/\_\_

Facility:\_\_\_\_\_

**Please circle the best response:** (e.g. Agree)

1. I understand the components of a palliative plan of care.

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

2. I understand the importance of establishing goals of care which focus on the resident's and family's wishes for end-of-life care.

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

3. I can describe approaches to relieving the most common symptoms experienced by residents at end of life.

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

4. I can discuss approaches to maintaining personhood and dignity at the end of life.

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

5. I understand the importance of considering cultural and spiritual needs in delivering palliative care.

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

6. I can discuss the final hours with family members.

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

7. This program will help me in caring for dying residents.

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4



8. This program will help me in working better with other staff.

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

9. Overall I rate this program:

Poor	Fair	Good	Excellent
1	2	3	4

10. Overall I rate this instructor:

Poor	Fair	Good	Excellent
1	2	3	4

