

FRANCISCAN HEALTH SYSTEM  
Education Services

POST ACUTE CARE CLASS OFFERINGS 2014

Supplementary Course Evaluation

**Name of Class Attended:** \_\_\_\_\_

**Date of Class:** \_\_\_\_\_

Your Facility (Include name of facility)

☐ SNF \_\_\_\_\_

☐ LTACH \_\_\_\_\_

☐ IRF \_\_\_\_\_

☐ HHA \_\_\_\_\_

Your Job Title \_\_\_\_\_

	Strongly Disagree	Disagree	No Opinion	Agree	Strongly Agree
The content of this class is relevant to the patient care we deliver at my facility.					
I will be able to use information from this class in staff training at my facility.					
I believe that classes like this will help me enhance staff knowledge and skill at my facility.					
I would recommend this class to my peers at other post-acute care facilities.					

What other topics would you like to see offered at Franciscan Health System?

\_\_\_\_\_  
\_\_\_\_\_

What would make this education more useful to you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_