

N.Y.S.-O.M.H. Co-occurring Disorders  
Workshop Evaluation Form

**Module: #5 Stabilizing**

Date: \_\_\_\_\_  
Month/Date/Year

Location: \_\_\_\_\_  
Please list specific location [ i.e. HRPC.]

These evaluations help provide the our training staff who are coordinating the Co-occurring Disorders Training with feedback on the delivery of all six of the curriculum modules. Please use the scales below to rate the various aspects of this training program.

1] Content: Did the content of this course help you meet the goals of this program?

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
Not at all	To a small degree	A little	Somewhat	Yes	Very Helpful

2] Presentation: Was the program was presented in a clear, interesting and logical manner?

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
Not at all	To a small degree	A little	Somewhat	Yes	Excellent Program

Section or Topic Area	Content						Presentation					
	1	2	3	4	5	6	1	2	3	4	5	6
Crisis Intervention												
Phases of Recovery												
Relapse Prevention												
Self-help												

What are the best sections/presentations of this program?  
\_\_\_\_\_

What sections/presentations of this program need to be improved? \_\_\_\_\_

What additional topics do you want to see presented as part of the Co-occurring Disorders Training?  
\_\_\_\_\_