

# Educational Exchange Experience Evaluation

Please complete this form to help us evaluate the NOSORH Educational Exchange Program. You can enter your answers in the form fields on each question. To complete this evaluation, use the following steps:

1. Complete the form
2. Submit by email to [donnap@nosorh.org](mailto:donnap@nosorh.org) or fax to (586) 336-4629 for processing

## 1. Scholarship Contact Information:

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
SORH State: \_\_\_\_\_ Email: \_\_\_\_\_

## 2. Resource Contact Information

Organization that provided the educational exchange: \_\_\_\_\_  
Name of person(s) who provided the educational exchange: \_\_\_\_\_

## 3. In a sentence or two, please provide a brief description of the educational exchange.

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

## 4. How would you rate the accomplishment of your learning objectives?

\_\_\_\_\_ (1) Did not meet learning objectives \_\_\_\_\_ (3) Completely met learning objectives  
\_\_\_\_\_ (2) Partially met learning objectives

## 5. How much new knowledge did you gain from the session?

\_\_\_\_\_ Great Deal \_\_\_\_\_ Some \_\_\_\_\_ None

## 6. Check all that apply to your learning experience and what you plan to do with the information gained:

\_\_\_\_\_ Share with staff \_\_\_\_\_ Share with rural communities  
\_\_\_\_\_ Share with partners, (e.g. state primary care association) \_\_\_\_\_ Track the issue or learn more about it  
\_\_\_\_\_ Initiate an activity such as investigating or starting a new program or changing an existing program

Please describe: \_\_\_\_\_  
\_\_\_\_\_

## 7. What was your overall response to this educational exchange?

\_\_\_\_\_ Excellent \_\_\_\_\_ Satisfactory \_\_\_\_\_ Unsatisfactory

## 8. Of what benefit was this educational exchange to your State Office of Rural Health?

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

## 9. Please provide any suggestions you have for improving the Educational Exchange Program.

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

## 10. Do you anticipate an ongoing relationship with your mentor or peer resource?

\_\_\_\_\_ Yes; Please describe: \_\_\_\_\_  
\_\_\_\_\_ No; Please describe: \_\_\_\_\_  
\_\_\_\_\_ Not applicable

## 11. Did you experience any challenges in utilizing the Educational Exchange Program or the training provided through the program?

\_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

## 12. You may share with my peer resource or mentor:

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not applicable