Appendix 3: Teachers Training Evaluation Form

Sub County Code...... School code Teacher code

Please indicate your impressions of the items listed below.

Training components	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The training gave me general understanding of the critical thinking about health.	0	0	0	0	0
2. The training gave me a clear overview and flow of all lessons.	0	0	0	0	0
3. I can navigate through the resources, and I know where I can find all that I need on the website	0	0	0	0	0
4. Now I understand all teaching strategies relevant for teaching critical thinking about health	0	0	0	0	0
5. The training gave me teaching tips that I need to consider while teaching CHOICE lessons	0	0	0	0	0
6. I am confident that I understand and can teach all 10 lessons	0	0	0	0	0
Competences					
7. The training met my expectations.	0	0	0	0	0
8. I will be able to apply the knowledge learned.	0	0	0	0	0
9. The training objectives for each topic were identified and followed.	0	0	0	0	0
Training materials					
10. The content was organized and easy to follow.	0	0	0	0	0
11. The materials distributed were pertinent and useful.	0	0	0	0	0

Trainers

12. The traine	er was knowledgeable.	0	0	0	0	0				
13. The qualit good.	ty of instruction was	0	0	0	0	0				
14. The traine objectives.	er met the training	0	0	0	0	0				
-	15. Class participation and interaction were encouraged.		0	0	0	0				
16. Adequate time was provided for questions and discussion.		0	0	0	0	0				
17. How do you rate the training overall?										
Excellent O	Good O	Average O	Ро	or O	Very poor	0				
18. What aspects of the training could be improved?										

19. What was most useful?

20. What was least useful?

21. Other comments?

THANK YOU FOR YOUR PARTICIPATION!