

# NAVIGATOR Program

Presentation Date: \_\_\_\_\_

Where do you work?

- CHEO
- Other

If you work at CHEO, please indicate if you are a:

- CHEO Admin Staff
- CHEO Board Member
- CHEO Executive Staff
- CHEO Case Manager
- CHEO MD
- CHEO Nursing Staff
- CHEO Social Worker
- Other

If other, what organization do you work for? \_\_\_\_\_

If other, please write down your occupation/position: \_\_\_\_\_

## Awareness before your presentation

	Poor	Some	Good	Excellent
1. Indicate your knowledge/skill/ability in the area of working with families of children with medical complexities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Indicate your level of understanding of the challenges that families of children with medical complexities encounter daily.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Indicate your level of understanding of the strengths that families of children with medical complexities exhibit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Rate your ability to modify service delivery for families of children with medical complexities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**Awareness after your presentation**

- |  | Poor                  | Some                  | Good                  | Excellent             |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| 5. Indicate your knowledge/skill/ability in the area of working with families of children with medical complexities.           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Indicate your level of understanding of the challenges that families of children with medical complexities encounter daily. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Indicate your level of understanding of the strengths that families of children with medical complexities exhibit.          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. Rate your ability to modify service delivery for families of children with medical complexities.                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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**General Presentation Evaluation**

- |  | Strongly Disagree     | Disagree              | Agree                 | Strongly Agree        |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| 9. The information provided was pertinent and useful.          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. Adequate time was provided for questions and discussion.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. I would recommend this presentation to others.             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. What topic was particularly useful/interesting to you?     |                       |                       |                       |                       |
| 13. How will you use the knowledge gained today?               |                       |                       |                       |                       |
| 14. What improvements, if any, would you make to the workshop? |                       |                       |                       |                       |