

Independent Study Evaluation

Title:	Safe Babies New York Nurse Training: Infant Crying Module
Date:	
Location:	

Please complete each of the following statements by circling one rating:

	Poor	Fair	Good	Excellent
1. To what extent were the objectives of this training program clearly stated?	1	2	3	4
2. To what extent have you achieved the objectives of this session?	1	2	3	4
3. To what extent was the material of this program clearly presented?	1	2	3	4
4. To what extent was the format of this program appropriate?	1	2	3	4
5. Overall, the program was . . .	1	2	3	4

Comments:

Thank you for your participation!

Please return the completed form to your nurse manager.

*Nurse Managers: You may return completed forms to our Clinical Coordinator, Gail Leak, RN,
at gailleak@safebabiesny.com*