

## Independent Study Evaluation

<b>Title:</b>	<b>Safe Babies New York Nurse Training: Safe Sleep Module</b>
<b>Date:</b>	
<b>Location:</b>	

*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:

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Thank you for your participation!

Please return the completed form to your nurse manager.

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