



TRAINING SESSION EVALUATION FORM

Your feedback and comments will help to ensure we are providing the information carriers need to offer plans on Maryland Health Connection. Please circle your responses and return this form to Lena HersHKovitz or email to lena.hersHKovitz@maryland.gov.

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|---|
| Training Session: <i>Plan Management Training: Carrier Authorization and Plan Certification</i> June 4, 2013 UMBC Tech Center 1450 S. Rolling Rd. Halethorpe, MD 21227 |
|---|

| <i>Objectives of Training Session ...</i> | | |
|--|-----|----|
| Were clearly stated? | Yes | No |
| Were achieved? | Yes | No |

| <i>Length/Timeliness of Training Session</i> | | | |
|---|----------|-----------|-------------|
| Session length | Too Long | Too Short | About Right |
| Session began on time | Yes | No | Uncertain |
| Session ended on time | Yes | No | Uncertain |

| <i>Please rate the Training Time</i> | Poor | Fair | Good | Excellent |
|---|-------------|-------------|-------------|------------------|
| Meeting at a convenient time? | 1 | 2 | 3 | 4 |
| Meting at a convenient location? | 1 | 2 | 3 | 4 |

| <i>Please rate the effectiveness of the following:</i> | Poor | Fair | Good | Excellent |
|---|-------------|-------------|-------------|------------------|
| • Lectures | 1 | 2 | 3 | 4 |
| • Materials | 1 | 2 | 3 | 4 |
| • Opportunity for questions | 1 | 2 | 3 | 4 |

| <i>Training Session Overall</i> | Poor | Fair | Good | Excellent |
|--|-------------|-------------|-------------|------------------|
| Please rate the overall effectiveness of the training session. | 1 | 2 | 3 | 4 |

PLEASE CONTINUE ON BACK

Comments:

Please list those things that we could do to improve future sessions.

Please list those things we can do to improve the Carrier Reference Manual?

What topics would you like to see covered in future sessions?

What additional materials would you like to receive in future sessions?

Thank you for your participation!