



**The Coordinated Care Program Orientation  
Evaluation Survey**

Instructions: Please rate the extent to which you agree or disagree with the following statements by putting a check mark (☑) in the corresponding box.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. The purpose of the Coordinated Care Program was clearly described.					
2. The orientation met the stated objectives.					
3. The materials distributed during orientation were helpful.					
4. I understand the roles and responsibilities of acting as a DCP.					
5. I feel I have gained the knowledge and skills necessary to participate as a DCP.					
6. I understand the expectations of me as a DCP.					
7. I feel confident and prepared to act as a DCP for my loved one.					
8. Infection prevention and control practices were clearly explained.					
9. I feel I have received adequate training in infection control practices, including the proper use of personal protective equipment.					
10. I am confident the infection control practices I learned will help me to work safely as a DCP.					
11. I received adequate training to help me in providing care for my loved one.					

OVER

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
12. During orientation, my questions were adequately addressed.					
13. I feel the length of time allotted for the orientation was sufficient.					
14. Overall, I found the orientation helpful.					

12. During orientation, my questions were adequately addressed.

13. I feel the length of time allotted for the orientation was sufficient.

14. Overall, I found the orientation helpful.

Do you have any suggestions for improving the Coordinated Care Program Orientation?

---



---



---



---



---



---



---



---

Other comments:

---



---



---



---



---



---



---