



Las Vegas Urban League Early Childhood Connection

Provider Name (optional): _____

Provider Type: _____ **Date:** _____

Provider Billing Training Evaluation

Please take a few minutes to thoughtfully answer these questions in regard to your recently completed Provider Billing Training. Your assistance in this matter is greatly appreciated.

1. Were your expectations met for this training? Why or why not?
2. Would you recommend this training to another Provider? Why or why not?
3. Do you feel as if this training will be beneficial to you in the work that you perform? Why or why not?
4. What did you like most about this training?
5. What did you like least about this training?
6. Did you feel comfortable enough to ask questions during the training?
7. Did you feel the instructors were knowledgeable? Why or why not?
8. In the future, what things would you like to see changed about this training?
9. Any additional comments or suggestions?