**Let Me Return Home**

**When Nursing Homes Refuse To Allow Residents To Return Post-Hospitalization**

**training for hospital discharge planners**

**Thank you in advance for completing this short evaluation.** Please circle your answer using the following scale:

**1 – Poor**; 2 – Below Average; 3 – Average; 4 – Above Average; **5 – Excellent**

Overall, training met objectives: 1 2 3 4 5

Advocacy strategies helpful to me/my patients: 1 2 3 4 5

PowerPoint presentation content is: 1 2 3 4 5

Supplemental (take-away) Materials are: 1 2 3 4 5

Knowledge of trainer: 1 2 3 4 5

COMMENTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I’d like to schedule another training session with colleagues.** Please contact me to arrange it: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Name & Contact Info]

**Office of Ombudsman for Long-term care**

**Minnesota board on Aging**

Mailing address: PO Box 64971, St. Paul, MN 55164-0971

Site location: Elmer L. Andersen Human Services Building ● 540 Cedar St.● St. Paul, MN 55155

(651)431-2555 ● (800)657-3591 ● FAX (651)431-7452