



# NETWORK OF CARE GETTING CONNECTED TO eRECOVERY

## Post-training satisfaction form

[www.ohio.networkofcare.org](http://www.ohio.networkofcare.org)

| Please rate the training you received today:  | Agree Completely | Somewhat Agree | Neither Agree nor Disagree | Somewhat Disagree | Disagree Completely |
|---|------------------|----------------|----------------------------|-------------------|---------------------|
| The training today provided me with a better understanding of Network of Care.  |                  |                |                            |                   |                     |
| After learning more about Network of Care today, I will recommend using the site to others in my community.                     |                  |                |                            |                   |                     |
| The training today provided the necessary information and resources for me to effectively educate others about Network of Care. |                  |                |                            |                   |                     |

I am interested in working with my local ADAMH/CMH Board to train consumers, families and behavioral health professionals in my community about the benefits and features of the Network of Care (circle one):

Yes      No

Comments (please use back of page if necessary):

Name:

Agency/Organization:

Street Address:

City/State:

Zip code:

Phone #:

County:

Email address:

