

# CTAAP & CT-DPH 2011 Teleconference Series

## Evaluation Form

### *Infant Tongue Tie*

Thursday, October 20th, 2011

**An evaluation form must be completed by each individual requesting a CME or CEU.**

Name: \_\_\_\_\_

MD \_\_\_\_\_ PA \_\_\_\_\_ APRN \_\_\_\_\_ RN \_\_\_\_\_ LPN \_\_\_\_\_ Other \_\_\_\_\_

Practice/Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

*Enter the number that most accurately expresses your response to the statements.*

	<i>Strongly Agree 1</i>	<i>Agree 2</i>	<i>Uncertain/ No opinion 3</i>	<i>Disagree 4</i>	<i>Strongly Disagree 5</i>
The teleconference kept my interest.					
The speakers knew their subject.					
The quality of the presentation was good.					
The organization of the presentation was good.					
The PowerPoint materials were good.					

Suggestions for improvement: \_\_\_\_\_

\_\_\_\_\_

Suggestions for future topics: \_\_\_\_\_

\_\_\_\_\_

Please complete this form and return it to Tracey McDougall by October 24th, 2011.

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