

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.

E-MAIL: tracey.ctaap@gmail.com

FAX: 860-727-9863