

CTAAP 2012 Teleconference Series

Evaluation Form Effective Developmental Screening Tuesday, May 22nd, 2012

An evaluation form must be completed by each individual requesting a CME or CEU. Only participants who have paid for CMEs/CEUs will receive them. Please contact us at tracey.ctaap@gmail.com if you have any questions.

Name: _____

Requesting CME/CEU documentation: Yes _____ No _____

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 Yvette Morretti by May 25th, 2012.

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