

CTAAP & DCF 2012 Teleconference Series
Meeting the Needs of Children in DCF's Care:
Medications and Behavioral Health
Evaluation Form
Wednesday, June 13th, 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 Yvette.ctaap@gmail.com if you have any questions.

Name: _____

Requesting CME _____ Requesting CEU _____

MD _____ PA _____ APRN _____ RN _____ LPN _____ Other _____

Practice/Organization: _____

Mailing Address: _____

Check the box that most accurately expresses your response to the statements.

	<i>Strongly Agree</i> 1	<i>Agree</i> 2	<i>Uncertain/ No opinion</i> 3	<i>Disagree</i> 4	<i>Strongly Disagree</i> 5
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 Moretti by June 18th, 2012.

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