

**CTAAP 2012 Teleconference Series**  
***Kids and Concussions: Diagnosis and Treatment***  
**Evaluation Form**  
**Wednesday, July 11th, 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](mailto: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 July 18th, 2012.

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