

# CT-DPH and CTAAP 2008 Teleconference Series

## Evaluation Form *Adolescent Confidentiality* April 21<sup>st</sup>, 2009

**An evaluation form must be completed by each individual physician requesting CME credit or by each nurse requesting credit for continuing education requirements.**

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

If requesting CME credit or Continuing Education Credit, your degree: \_\_\_\_\_

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

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

\_\_\_\_\_

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

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

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

\_\_\_\_\_

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

\_\_\_\_\_

Please complete this form and e-mail it to [tracey.ctaap@gmail.com](mailto:tracey.ctaap@gmail.com) or fax it to Tracey McDougall, CTAAP at 860-727-9863 by April 28th. Questions: e-mail [tracey.ctaap@gmail.com](mailto:tracey.ctaap@gmail.com) or telephone 860-977-3430.