

# CT-DPH and CTAAP 2009 Teleconference Series

## Evaluation Form Revised WIC Food Packages Teleconference Thursday, April 30th, 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:

Please circle: If requesting CME credit or Continuing Education Credit, your degree:

Practice/Organization:

Address:

**Enter the number 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 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 May 6th. Questions: e-mail [tracey.ctaap@gmail.com](mailto:tracey.ctaap@gmail.com) or telephone 860-977-3430.