

CT-DPH and CTAAP 2008 Teleconference Series

Evaluation Form *Beat the Flu in Your School!* March 19th, 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 or fax it to Tracey McDougall, CTAAP at 860-727-9863 by March 26th. Questions: e-mail tracey.ctaap@gmail.com or telephone 860-977-3430.