

2014 Webinar/Teleconference Series



Connecticut Chapter of the American Academy of Pediatrics

ACCESS – Mental Health: The Second of a Two Part Series Finding Mental Health Services
 Kim Clancy Brownell, MD, Richard J. Miller, MD, FAACAP, Dorothy Stubbe, MD & Elizabeth Garrigan, LPC
 Sept. 23rd, 2014

EVALUATION FORM

Name _____

MD ____ PA ____ APRN ____ RN ____ LPN ____ Other ____

Practice/Organization _____

Mailing Address _____

| | Strongly Agree | Agree | Disagree | Strongly Disagree |
|--|----------------|-------|----------|-------------------|
| CONTENT | | | | |
| • Was organized and easy to follow | | | | |
| • Met the objective(s) | | | | |
| TRAINER | | | | |
| • Knows and understands the topic | | | | |
| • Was well organized and prepared | | | | |
| • Was clear and easy to follow | | | | |
| RELEVANCE – as a result of this training... | | | | |
| • I gained factual information | | | | |
| • I gained a better understanding of the topic | | | | |
| • I have developed more skills and competencies | | | | |

Questions you may have for ACCESS-Mental Health

Suggestions for Future Topics:

Return by Fax to 860-727-9863 or by Email to Kathyryn.ctaap@gmail.com