

CT-DPH and CTAAP 2009 Teleconference Series

Evaluation Form

Creating Clarity in a Grey Zone: Consent and confidentiality and the Health Care of Adolescents Wednesday, September 16th, 2009

An evaluation form must be completed by each individual requesting CME credits.

Name: _____

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

MD/DO_____ APRN_____ PA_____ RN_____ Other_____

Practice/Organization: _____

Mailing Address: _____

Enter the number that most accurately expresses your response to the statements.

	<i>Strongly Agree 1</i>	<i>Agree 2</i>	<i>Uncertain/ No opinion 3</i>	<i>Disagree 4</i>	<i>Strongly Disagree 5</i>
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 Tracey McDougall by September 23rd.

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