

Participant Evaluation Form

Please complete this form by circling the appropriate letter below that describes your opinion and turn it in at the end of the lecture or mail it to Olson Center, zip 9450.

IMPORTANT: In order to receive contact hours, you must sign in on the sign-in sheet and attend the activity. You have an evaluation form to complete and turn in at the registration desk. Your evaluation form will be used to improve future continuing education offerings and to provide feedback to the presenter(s). Your certificate of attendance will be mailed to you within 2-3 weeks at the address you provided on your registration form.

March 15, 2016

“Olson Center Brown Bag Lunch ‘n’ Learn”

12:00 - 1:00 p.m. – Amy Hellman, MD - “Huntington’s Disease: The Unwanted Dance”

Program #: 16OL004

Objectives: Through this offering, participants will have the opportunity to:

1. Identify the symptoms caused by Huntington’s Disease.
2. Discuss the impact of and the importance of multidisciplinary management of these symptoms.
3. Explain the basic genetics of Huntington’s Disease.

		Strongly Agree				Strongly Disagree	Does Not Apply
		A	B	C	D	E	F
1.	Objective #1 was met.	A	B	C	D	E	F
2.	Objective #2 was met.	A	B	C	D	E	F
3.	Objective #3 was met.	A	B	C	D	E	F
4.	The objectives were related to the purpose of the session.	A	B	C	D	E	F
5.	Presenter had expertise in the content area.	A	B	C	D	E	F
6.	Presenter was effective in presenting the content.	A	B	C	D	E	F
7.	Presentation was free of commercial bias.	A	B	C	D	E	F
8.	Presentation was scientifically rigorous.	A	B	C	D	E	F
9.	Teaching methods were appropriate for material presented.	A	B	C	D	E	F
10.	Audio-Visual/Handouts supported the presentation.	A	B	C	D	E	F

OVERALL EVALUATION QUESTIONS – Please complete the following:

		Strongly Agree				Strongly Disagree	Does Not Apply
		A	B	C	D	E	F
11.	Information given in this offering is <u>relevant</u> to my clinical practice.	A	B	C	D	E	F
12.	Information given in this offering will help me <u>improve</u> my clinical practice.	A	B	C	D	E	F
13.	Information given in this offering will help me improve patient outcomes.	A	B	C	D	E	F
14.	My personal objectives for the session were achieved.	A	B	C	D	E	F
15.	The physical facilities were appropriate.	A	B	C	D	E	F

PLEASE RESPOND TO THE QUESTIONS ON THE BACK

What is your OVERALL EVALUATION of the brown bag? _____

Comments on the physical facilities: _____

Comments on services provided: _____

What women's health topics would you like to see presented at future brown bags? _____

Where did you hear about this seminar? (Check all that apply.)

UNMC Today The Week flier friend/co-worker E-mail Other (explain) _____

Please rate the following:

	Poor	Fair	Average	Good	Excellent
Location	1	2	3	4	5
Refreshments	1	2	3	4	5
Suggestions for future <i>simple</i> refreshments	_____				

If you prefer to return your evaluation by inter-campus mail, please send it to: Olson Center for Women's Health Zip: 9450

Also, if you attend numerous Olson Center events you may be accumulating several folders, bags, notepads, brochures, pens, etc.

If you find you have more than you need, please feel free to return these through inter-campus mail to the Olson Center or place them in the box provided at the end of the lecture and we will reuse them.

***Thank you for coming to this lecture, for your participation,
and for your time in completing this evaluation.***