

Partnerships for Health in the New Millennium: Launching Healthy People 2010

**Washington, DC
January 24-28, 2000**

1) Please indicate your name, degree, address, and phone number:

(Name, Degrees) _____

(Address) _____

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(Phone #) _____

2) Please indicate your professional licensure/certification number if applicable: _____

3) Enter the Session Title and # you wish to evaluate:

Session Title: _____

4) Which discipline are you requesting CEU's?

- | | |
|--|---|
| <input type="checkbox"/> Certified Health Educator Specialist (CHES) | <input type="checkbox"/> Registered Dietician |
| <input type="checkbox"/> Physician | <input type="checkbox"/> School Food Service Professional |
| <input type="checkbox"/> Physician Assistant | |

5) To what extent did this session meet your educational needs? (please check only one)

- | | |
|---|--|
| <input type="checkbox"/> Did not meet at all | <input type="checkbox"/> Met needs minimally |
| <input type="checkbox"/> Met needs inadequately | <input type="checkbox"/> Highly relevant to future needs |

6) The overall quality of this session was (please check only one):

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Poor | <input type="checkbox"/> Good |
| <input type="checkbox"/> Average | <input type="checkbox"/> Above Average |
| <input type="checkbox"/> Outstanding | |

7) To what extent were the stated objectives met in the presentation? (Please rate the extent to which you are now able to meet each of the objectives.) (Please refer to the General Session Objectives.)

General Session

Objectives	Low				High
1)	1	2	3	4	5
2)	1	2	3	4	5
3)	1	2	3	4	5

8) Please rate the overall quality of this session on a scale of 1-5: (please circle only one)

1 = Poor 2 3 4 5 = Excellent

9) Rate each faculty in all categories:

N/A	Non Applicable	3	Beginning Professional
0	No-Show	4	Highly Skilled
1	Poor	5	Excellent
2	Amateur		

Categories	Name of Faculty 1 (please write)	Name of Faculty 2 (please write)	Name of Faculty 3 (please write)	Name of Faculty 4 (please write)	Name of Faculty 5 (please write)
Objectives clear and related to content					
Effective presentation style					
Demonstrated knowledge in presentation and response to questions					
Information and extra materials relevant and meaningful					
Overall impression of faculty					

Comments: