

Evaluation Form

"Infection Control in the Community: What Are We Sharing?"

Name: _____ Agency: _____ Date: _____

I attended by: a) Videoconference b) webcast c) in-person
Videoconference location: _____

Circle the number that applies below:

A. Before this session, how would you rate your knowledge of this topic?

Low 1 2 3 4 5 High

B. After this session, how would you rate your knowledge of this topic?

Low 1 2 3 4 5 High

C. What new practice or technique that you learned about in today's session will you put into your routine care procedures?

	No		Maybe		Yes
1. The session was a good use of my time.	1	2	3	4	5
2. Delivery of this education by videoconference / webcast was an effective way of learning for me.	1	2	3	4	5
3. Content of this session met objectives stated on introductory slides.	1	2	3	4	5
4. Session provided information which may lead to a change in my practices	1	2	3	4	5

Thank you for completing the Evaluation Form. Do you have any other comments? _____

Please FAX Form back to Marianne Walker 613 – 548 - 3576