

EVALUATION FORM
Primary Children's Medical Center
Pediatric Education Services
100 North Mario Capecchi Drive
Salt Lake City, Utah 84113

UNA Provider #: _____
 Program: _____
 Date: _____

PCMC File #: _____
 Profession: _____
 Dept/Unit: _____

Overall Goal/Purpose: Outline and describe Utah EMSC Off-Line Medical Direction Protocols: Introduction and Assessment protocols

Session Title: Pediatric Assessment, Assessment of the Child with Special Health Care Needs (CSHCN) and Assessment of the Neonate
Speaker: Susan Garcia, Gina Holley

Please rate the following: 5=Excellent, 4=Very Good, 3=Good, 2=Fair, 1=Poor

Teaching Effectiveness	5	4	3	2	1	
Knowledge of subject matter		5	4	3	2	1
Organization of content	5	4	3	2	1	
Effectiveness of Teaching Methods		5	4	3	2	1
<u>How well did the class/program content meet the stated objectives?</u>	5	4	3	2	1	
<u>Based on program content, how well were you able to achieve the objectives?</u>						
<u>Objective #1:</u>						
Perform a pediatric assessment		5	4	3	2	1
<u>Objective #2:</u>						
Perform an assessment of a CSHCN		5	4	3	2	1
<u>Objective #3:</u>						
Assess and care for a neonate		5	4	3	2	1
<u>How well did the objectives relate to the overall goal/purpose of the program?</u>		5	4	3	2	1

Did you perceive any financial conflict of interest or commercial bias related to this presentation that was not previously disclosed? Yes No

1. What changes will you make in your practice or performance as a result of this education?

2. Suggestions for improvements and additional comments: