

Additional Questions:

Additional Comments:

Session Title:

Speaker Name:

Session specific learning objective:

Please rate the quality of the session on a scale of 1 (strongly disagree) to 5 (strongly agree).

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

This session:

1 2 3 4 5

Enhanced my knowledge

Satisfied my expectations

Conveyed information that applied to my practice

Allocated at least 25% of the time for interaction

YES

NO

Did you perceive any degree of bias in any part of the program

YES

NO