2012 Hearing Screener’s Meeting
EVALUATION FORM

Using a scale of 5-1, 5 being the highest and 1 the lowest, please rate:
1 = Strongly Disagree    2 = Disagree    3 = Undecided    4 = Agree    5 = Strongly Agree

Circle the number that corresponds to your overall impression of the meeting

Attending this in-person training was important to me

1 2 3 4 5

I will use the information I learned today to change practice

1 2 3 4 5

The environment was conducive to learning

1 2 3 4 5

This was a valuable use of my time and my employer’s resources

1 2 3 4 5

Please list as least one tool or resource you would like to incorporate in your practice
______________________________________________________________________________

Are you currently using the newborn screening website www.aznewborn.com, Constant Contact or AzEHDI Facebook page to stay current on information related to newborn screening? Y/N
Would you like to learn more about these tools? Y/N
______________________________________________________________________________

How likely is it that you will see a direct benefit to the training? Why?
1 = Will Not happen    2 = Probably Not    3 = Probably    4 = Very Likely    5 = Absolutely Will
______________________________________________________________________________

Do you have questions about hearing screening, diagnosis, and intervention that were not answered today?
______________________________________________________________________________
______________________________________________________________________________

Do you have any suggestions on the meeting format?
______________________________________________________________________________
______________________________________________________________________________

Are there any other changes you would like to see on the Scorecard?
______________________________________________________________________________

Any other comments:
______________________________________________________________________________