2014 Hearing Screener’s Meeting
EVALUATION FORM

Using a scale of 1-5, 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 at least one tool or resource you would like to incorporate in your practice:

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?:

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

Additional comments:

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