

An Introduction to NYS OMRDD Training Modules in Special Care Dentistry

EVALUATION FORM

Date: July 22, 2009
Time: 5:00pm to 8:00pm
Location: Various throughout New York State and Michigan

The course:

	Excellent	-----	Poor		
1. The objectives of the course were clear and concise .	5	4	3	2	1
2. The information presented met the objectives of the course.	5	4	3	2	1
3. The subject matter was based on current evidenced-based information.	5	4	3	2	1
4. The level of information shared was appropriate to my preparation and experience.	5	4	3	2	1
5. The course has contributed to my knowledge of the subject.	5	4	3	2	1
6. The information presented could be directly applied to my professional activities.	5	4	3	2	1
7. Overall evaluation of the course.	5	4	3	2	1

A.What was the most important issue discussed today?

B.Do you have other ideas or comments that you would like to share with the organizing group?

If you would like to discuss your ideas more fully, please provide:

Your Name _____
Telephone (____) _____ - _____