

Evaluation Form

Course Date: _____ Course Title: _____

Time: _____ Duration: _____

Site Location:

- | | | | | |
|-----------------------------------|--------------------------------------|---------------------------------|-------------------------------------|---------------------------------|
| <input type="radio"/> BHC East | <input type="radio"/> BHC West | <input type="radio"/> Big Sandy | <input type="radio"/> C4MH | <input type="radio"/> Chester |
| <input type="radio"/> Chinook | <input type="radio"/> City/County | <input type="radio"/> Choteau | <input type="radio"/> Conrad | <input type="radio"/> Cut Bank |
| <input type="radio"/> Fort Benton | <input type="radio"/> Havre | <input type="radio"/> Malta | <input type="radio"/> MSU-COT | <input type="radio"/> Rocky Boy |
| <input type="radio"/> Sletten CI | <input type="radio"/> Sletten HiLine | <input type="radio"/> Shelby | <input type="radio"/> White Sulphur | <input type="radio"/> _____ |
| <input type="radio"/> _____ | <input type="radio"/> _____ | | | |

Please circle your response.

- | | | | | | |
|--|------------------------------|---|---|---|---------------------------|
| 1. Overall, how satisfied were you with today's conference? | Not at all satisfied
1 | 2 | 3 | 4 | Highly satisfied
5 |
| 2. How easy was it to participate in the conference or with others involved? | Extremely difficult
1 | 2 | 3 | 4 | Extremely easy
5 |
| 3. Overall, how well were you able to visualize materials and hear the speakers or participants in the conference? | Not well at all
1 | 2 | 3 | 4 | Extremely well
5 |
| 4. Overall, how well did the video link equipment work? | Did not work well
1 | 2 | 3 | 4 | Worked very well
5 |
| 5. How useful was the content for your continuing educational needs? | Not useful at all
1 | 2 | 3 | 4 | Extremely useful
5 |
| 6. Would the quality of the educational presentation have been better in person? | Quality not good at all
1 | 2 | 3 | 4 | Is as good or better
5 |
| 7. Do you think video link educational programming can contribute to good medical care? | Not at all
1 | 2 | 3 | 4 | Very much so
5 |
| 8. Estimated cost savings by meeting Per video link. | _____ | | | | |

Comments: _____

Person Completing Form: _____ Telephone #: _____

Please mail or fax (455-4796) this completed form to Karyn Sowa, **REACH Telemedicine-Great Falls**.
If you have any questions or comments, please call 455-5588. Thank You!