



**Coulee Region Immunization Coalition's Immunization Symposium
Evaluation – Live Session**

Name: _____

Role RN ___ LPN ___ MA ___ Other ___

1. I would rate the overall quality of this learning session as:

Poor Fair Good Very Good Excellent

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
2. The content was useful to my practice.					
3. I had a level of engagement in the learning activity.					
4. Litjen (L.J) Tan, MS, PhD was effective:					
5. Amy Parker Fiebelkorn, MSN, MPH was effective.					
6. Gregory A. Poland, M.D was effective.					

7. Will you use information from this learning session and make any changes in your professional practice? Yes No

8. Please give an example of changes you will make in your practice as a result of this activity.

If you will not be able to make changes to your practice as a result of this activity, please indicate any barriers to doing so:

9. Disclosures were made before the activity about how to earn contact hours, conflicts of interest, and commercial support.

Yes No Not sure

10. Did you perceive any bias toward any specific products or services? If yes, please explain:

Yes No

11. What future educational topics would help you or your colleagues improve any aspect of your professional practice or address a problem in practice?