

EVALUATION FORM:

Program/Session Title: *Culture of Urine Specimens*

Program Number: 035-042-09

Program Date: 3/11/09

Institution's Name and City: _____

Use this form to evaluate the above-titled program/session **ONLY**. Fill in the numbered circle to indicate your ratings of this program, objectives, and speaker(s); using one response per line, completely erasing errors. Fax the completed form to the (608) 265-9091.

SPEAKER RATING Strongly Disagree / Disagree Agree / Strongly Agree

The presenter:

- | | | | | |
|--|---|---|---|---|
| Was knowledgeable about the subject matter and presented the information in an organized and effective manner. | ① | ② | ③ | ④ |
| Clearly conveyed the material at an appropriate level. | ① | ② | ③ | ④ |
| Provided a significant amount of new/useful information. | ① | ② | ③ | ④ |

Additional Comments: _____

OBJECTIVES RATING Did not meet Did meet

The presenter was successful in meeting the following objectives:

- | | | |
|--|---|---|
| List the culture media and incubation conditions used for urine specimens. | ① | ② |
| Discuss which organisms are considered to be pathogens vs. contaminants or normal flora in urine and how colony count and type of specimen effect this decision. | ① | ② |
| Discuss when susceptibility testing should be performed on a urine specimen isolate. | ① | ② |

PROGRAM CONTENT RATING Low/Poor High/Excellent

Rate your overall degree of satisfaction with this session. ① ② ③ ④

What did you like about the presentation? _____

What suggestions do you have for improvement? _____

What topics do you suggest for future teleconferences? _____

Thank you for attending this P.A.C.E.[®] approved program and completing this Evaluation Form.

Please Fax or Mail completed forms or additional comments to:

**Fax: (608) 265-9091 or Mail to: Erin Bowles
Wisconsin State Laboratory of Hygiene
465 Henry Mall, Room 545
Madison, WI 53706-1578**