**P.A.C.E. EVALUATION FORM:**

**Program/Session Title: *“****Battling Infections of the Central Nervous System*”

**Program Number:** 035-051-16 **Program Date:** May 11, 2016

**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(s):

 Was/were 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**

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 Provided a significant amount of new/useful information. **① ② ③ ④**

Additional Comments:

**OBJECTIVES RATING Did not meet Did meet**

The presenter(s) was/were successful in meeting the following objectives:

1. Identify organisms commonly associated with CNS infection. **①**  **②**

1. Explain the strengths and weaknesses of current diagnostic methods. **① ②**

3. Discuss the factors which put patients at risk for these infections. **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 email completed forms or additional comments to:**

**Fax: (608) 265-9091 or email to** **erin.bowles@slh.wisc.edu**