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

**Program/Session Title: *“Clinical Laboratory Preparedness and Response Guide - What’s New?***”

**Program Number:** 035-041-17 **Program Date:** January 18, 2017

**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. Explain what the “Clinical Laboratory Preparedness and Response Guide” is

and where it can be accessed. **①**  **②**

1. Describe at least 3 situations when your laboratory would find it useful to refer

to the “Clinical Laboratory Preparedness and Response Guide. **① ②**

1. Discuss some of the content that can be found in the “Clinical Laboratory

Preparedness and Response Guide” and why it is useful for all states to use

the same guidance document. **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: 844-390-6233 or email to** **erin.bowles@slh.wisc.edu**