Thank you for attending a course accredited by Boston Children’s Hospital, we hope you enjoyed it. All evaluation results are anonymous, and will help provide guidance and feedback to improve future educational offerings from Boston Children’s Hospital. Please complete the evaluation below in order to receive your certificate.

The following questions are asked regarding the overall course, and content presented. Please answer accordingly:

1. \*Please identify your profession type:
   * Physician (MD/DO)
   * Nurse
   * Pharmacist
   * Physician Assistant
   * Psychologist
   * Social Worker
   * Dentist
   * Optometrist
   * Athletic Trainer
   * Physical Therapist
   * Dietitian
   * Other, please specify:
2. \*Overall course rating:
   * Excellent
   * Very Good
   * Neutral
   * Fair
   * Poor
3. \*How would you rate your overall satisfaction with this course?
   * Completely satisfied
   * Mostly satisfied
   * Somewhat satisfied
   * Neutral
   * Somewhat dissatisfied
   * Mostly dissatisfied
   * Completely dissatisfied
4. \*Were all of the identified course objectives met? (list below)
   * Yes
   * No, please specify:
5. \*Will you make clinical, teaching, research or administrative changes as a result of engaging in this course?
   * Yes
   * No
   * If yes, what changes will you make?
6. If you will not make changes as a result of taking this course, why not?
   * Current practice is satisfactory
   * I disagreed with recommendations made
   * Lack of time
   * Lack of resources
   * Lack of support for change by administration
   * Costs
   * Patient barriers
   * Other (please specify):

Please indicate if you agree or disagree with the following statements:

1. The educational activity helped to address, overcome, or remove barriers to change in my professional practice.
   * Strongly agree
   * Agree
   * Somewhat agree
   * Neutral
   * Somewhat disagree
   * Disagree
   * Strongly disagree
2. This course improved my ability to work efficiently with healthcare team members who do not share my same title or professional training.
   * Strongly agree
   * Agree
   * Somewhat agree
   * Neutral
   * Somewhat disagree
   * Disagree
   * Strongly disagree
3. This course improved my ability to communicate efficiently with healthcare team members who do not share my same title or professional training.
   * Strongly agree
   * Agree
   * Somewhat agree
   * Neutral
   * Somewhat disagree
   * Disagree
   * Strongly disagree

Please respond to the following questions regarding the overall presentations, and provide specific feedback where you feel appropriate ~~and necessary~~.

1. \*The format and educational methodologies engaged me in learning and were appropriate for the objectives and desired results.
   * Strongly agree
   * Agree
   * Somewhat agree
   * Neutral
   * Somewhat disagree
   * Disagree
   * Strongly disagree
2. The course content was appropriate for the length of the presentations.
   * Strongly agree
   * Agree
   * Somewhat agree
   * Neutral
   * Somewhat disagree
   * Disagree
   * Strongly disagree
3. The (content of the presentations) ~~presenter’s presentation of content~~ was organized and clear to understand.
   * Strongly agree
   * Agree
   * Somewhat agree
   * Neutral
   * Somewhat disagree
   * Disagree
   * Strongly disagree
4. Would you be interested in attending another presentation by this speaker?
   * Yes
   * No, why not?
5. Please include any presentation or speaker specific feedback related to this course here:
6. Please include any overall course feedback related to this course here:
7. Do you have suggestions for future educational courses?
8. How did you hear about the course
   * Social media
   * Email
   * Word of Mouth
   * Past Attendee
   * Direct mail (brochure, save the date, etc.)