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| --- | --- | --- | --- | --- | --- | --- |
| **Evaluate the presenter for only those sessions you attended.** | | | **The presenter was knowledgeable of the subject** | **The teaching strategies supported the education** | **The material in this presentation enhanced my…**  **(select all that apply)** | |
| Presenter: | |  | 5 4 3 2 1 | 5 4 3 2 1 | Skills Practice Knowledge | |
| Session Title: | |  | | | | |
| **Outcome Measures:** | | | | | | The session Outcome Measures were met |
| 1. | I can implement | | | | | 5 4 3 2 1 N/A |
| 2. | I plan to change my current practice as a result of completing this educational activity today | | | | | 5 4 3 2 1 N/A |
| 3. | I plan to share information from this presentation with a professional colleague | | | | | 5 4 3 2 1 N/A |
| Comments: | | | | | | |

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