

## Course Evaluation

### PA Chapter American Academy of Pediatrics

Please Print Legibly and Complete All Information Below

Name \_\_\_\_\_ Degree \_\_\_\_\_  
 Social Security Number (last 5 digits only): XXX-X \_\_-\_\_-\_\_-\_\_-\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
 I request PA Keys to Professional Development Credit PA Keys Registry ID number \_\_\_\_\_  
 I request Act 48 Credits Professional Personnel ID Number (PPID) \_\_\_\_\_

**Course ID:** 299

**Date of Activity:** May 20, 2015

**Course Title:** Health and Safety Resources for all Early Education and Child Care Providers

**Location:** Webinar

	Yes	No			
I am an MD/DO:	O	O			
	Very Low	Low	M o d e r a t e	High	Very High
1. To what extent were you satisfied with the overall quality of the educational activity?	O	O	O	O	O
2. To what extent was the content of the program relevant to your work?	O	O	O	O	O
3. To what extent will you make a change in your work as a result of participation in this activity?	O	O	O	O	O
4. To what extent did the activity present scientifically rigorous, unbiased and balanced information?	O	O	O	O	O
5. To what extent were the speakers' presentations free of commercial bias?	O	O	O	O	O
6. As a result of participation in this activity, I am able to apply use of Head Start health and safety resources in all types of child care services. <i>(how will this improve my competence)</i> _____	O	O	O	O	O
7. As a result of participation in this activity, I am able to describe the goal of competent service to children and families from any social strata in any type of non-parental, part-day, group care for young children. <i>(how did this increase my knowledge)</i> _____	O	O	O	O	O
8. As a result of participation in this activity, I am able to explain use of <i>Model Child Care Health Policies</i> to support policy development. <i>(how will this improve my work)</i> _____	O	O	O	O	O
9. As a result of participation in this activity, I am able to describe how child care health consultants and child care health advocates can use Head Start resources for children who are enrolled in non-Head Start programs.	O	O	O	O	O
10. Please list any changes in practice that you may make as a result of participation in this activity: _____					