

**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) \_\_\_\_\_

**\*Please note: Questions 6 through 8 and 10 each require a written response.**

**Course ID:** 299

**Date of Activity:** December 10, 2015

**Course Title:** ECELS –Infant Safe Sleep Webinar

**Location:** Webinar

		I am an MD/DO:							
		Yes	No						
		O	O						
		Very Low	Low	Moderate	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 describe the relationship between the rate of infant deaths and child care. <i>(How will this improve my competence)</i> _____	O	O	O	O	O			
7.	As a result of participation of this activity, I am able to Explain <i>Caring for Our Children, 3<sup>rd</sup></i> Edition Standards related to safe sleep in child care. <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 Implement a safe sleep policy to reduce the risk of sleep-related deaths for infants. <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 identify resources to share with staff and families.	O	O	O	O	O			
10.	Please list any changes in practice that you may make as a result of participation in this activity. _____								