

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: February 4, 2015

Course Title: Asthma: Reduce the Wheeze Please!

Location: Webinar

		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 body changes and triggers that cause asthma. <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 identify the symptoms of asthma. <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 the rationale, content and process for use of an Asthma Care Plan. <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 list one or more online and community resources to use for asthma education.	O	O	O	O	O
10.	Please list any changes in practice that you may make as a result of participation in this activity: _____					