



Name of Clinic:

Name of Instructor:

Date of Clinic:

Location of Clinic:

Please rate how well this session's Learning Objectives were met: 1-poor/10-excellent

1. *Rate the material covered*

1 2 3 4 5 6 7 8 9 10

2. *Rate how beneficial you feel the material was*

1 2 3 4 5 6 7 8 9 10

3. *Rate your instructor's communication skills*

1 2 3 4 5 6 7 8 9 10

4. *Rate your instructor's command of the material*

1 2 3 4 5 6 7 8 9 10

5. *Rate the facilities and location of the clinic*

1 2 3 4 5 6 7 8 9 10

6. *Rate your overall experience at the clinic*

1 2 3 4 5 6 7 8 9 10

What is the best idea you heard in this session that you plan to use?

What needs improvement to improve the clinic experience?

Returned Complete Forms to: lisa@albertalacrosse.com