PRINT NAME:	
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The Ohio State University Medical Center **Department of Social Work**

Continuing Education Evaluation

Title of Educational Offering: The Ohio Solid Organ Transplant Consortium Education Conference 04/05/2023 **Event Date**

Write in the box below the number that best reflects each evaluation statement. Please use the following

scale: 5 = Strongly Agree4 = Agree3 = Slight	ly Agre	e/disag	ree	2 = Disa	agree	.1= Str	ongly D	isagree	
PLEASE USE THE COMMENT SECTION TO PROVIDE FEEDBACK ON EVALUATION STATEMENTS RATED 3 OR BELOW OR FOR ADDITIONAL COMMENTS RELATED TO THE STATEMENTS OR THE OFFERING	Dr. Gerald Scott Wider	Dr. Jessica Mellinger							
EVALUATION STATEMENT:	<u>۾</u>	Dr.							
1. The faculty's expertise facilitated my learning.									
2. The faculty demonstrated respect for my needs (questions/opinions) as a learner.									
3. The objectives were related to the purpose/goals (see back for purpose/ goals and objectives).									
4. The faculty's teaching methods (slides, handouts, videos, etc.) were effective.									
5. COMMENTS:									
6. List one thing you plan to do differently at wo	rk as a	result (of atten	ding th	is activ	ity.			
7. List other learning needs.									

	identify if the offering objectives were met using the rating sc lly Agree4 = Agree3 = Slightly Agree/disagree 2 = Disag			trongl	y Disa	gree	
Objectives		5	4	3	2	1	
Increase cla matters in t	inician awareness and curiosity about substance related transplant						
	actical perspectives and tools for immediate use in clinical lecision-making						
	terprofessional practice						
9.	Purpose or goal of the activity:						
	Was the purpose or goal of the activity met? ☐ Yes	□ No, If no please comme					
10.	Were the physical conditions (light, heating, room, sear	ting, e	etc) co	onduc	cive to	learniı	
	☐ Yes ☐ No, If no please comment.						

PRINT NAME: _____