

# VIHA Rounds/Events Evaluation Form

**Please Print**

Topic \_\_\_\_\_

Presenter \_\_\_\_\_

Department \_\_\_\_\_

Date \_\_\_\_\_

**Please completely fill out the bubble you select**

	Correct ●	Incorrect ⊗ ⊙ ⊖	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A
Appropriate learning objectives were stated & addressed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The speaker presented effectively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The opportunity for interaction was adequate (at least 25%) and useful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of audiovisual aids and/or videoconferencing was appropriate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This session was free of any industry bias.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Please indicate one key concept you learned today.**

**How is this relevant to your practice?**

**I will change my practice on what I learned today.**      Yes    No    Not sure yet  
           

**Comments/Suggestions:**

**Name (optional):** \_\_\_\_\_