

SLEEP ROUNDS EVALUATION FORM

DATE: **May 03, 2013**

EVALUATOR: _____

OBJECTIVE OF THIS SLEEP ROUNDS: _____

PRESENTOR:

Dr. R. Hawa

Dr. T. Mollayeva

Dr. C. Seyone

FORMAT: (CIRCLE NUMBER)

	No	Average	Very	Much	No	Average	Very	Much	No	Average	Very	Much
Organized	0	1	2	3	4	5	0	1	2	3	4	5
Informative	0	1	2	3	4	5	0	1	2	3	4	5
Interesting	0	1	2	3	4	5	0	1	2	3	4	5
Time left for question/discussions	0	1	2	3	4	5	0	1	2	3	4	5

PRESENTOR: (CIRCLE NUMBER)

Coherent/Clear	0	1	2	3	4	5	0	1	2	3	4	5
Engaging	0	1	2	3	4	5	0	1	2	3	4	5
Creative	0	1	2	3	4	5	0	1	2	3	4	5
Responded to Questions	0	1	2	3	4	5	0	1	2	3	4	5
Encouraged Discussion	0	1	2	3	4	5	0	1	2	3	4	5

Note: This educational event is MAINCERT approved. Year-end record available through Dr. Sharon Chung's office (416) 603-5272.

COMMENTS:

Did this Sleep Rounds meet its stated objectives? ___ Yes ___ No

If said "NO" please state the reason: _____
