

# PROVINCE-WIDE SLEEP ROUNDS EVALUATION FORM

6th November 2015

**YOUR NAME:** \_\_\_\_\_

**OBJECTIVE OF THIS SLEEP ROUNDS:** Learn more about patient sleep, dental and epilepsy

**PRESENTOR:** Dr. Ronald Goldstein Mr. Bernard Robichaud Dr. Angela Milan Tomas

**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	0	1	2	3	4	5
Engaging	0	1	2	3	4	5	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	0	1	2	3	4	5
Responded to Questions	0	1	2	3	4	5	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	0	1	2	3	4	5

**Note:** This educational event is MAINCERT approved.

Online CME certificates, sign-in and evaluation sheets for each of the Province-Wide Rounds can be found at:  
[www.sleepontario.com](http://www.sleepontario.com) → News & Announcements → CME Certificates & Forms → 2015 Rounds

**COMMENTS:**

Did this Sleep Rounds meet its stated objectives? \_\_\_ Yes \_\_\_ No

If said "NO" please state the reason: \_\_\_\_\_

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