

PROVINCE-WIDE SLEEP ROUNDS EVALUATION FORM

7th November 2014

YOUR NAME: _____

OBJECTIVE OF THIS SLEEP ROUNDS: Learn more about patient driven-adherence, Kleine Levin Syndrome and alertness/depression/fatigue with SOREMP in children.

PRESENTOR: Joanne Allen Benjamin Voloh Dr. Ravi Mankoo

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	0	1	2	3	4	5
Informative	0	1	2	3	4	5	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	0	1	2	3	4	5
Time left for question/discussions	0	1	2	3	4	5	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 → News & Announcements → CME Certificates & Forms → 2014 Rounds

COMMENTS:

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

If said "NO" please state the reason: _____
