

**MRCAC Videoconferencing Evaluation form
All-Site/Education Review**

1. Date: _____

2. Other sites involved: _____

3. Number of people at your site: _____ Meeting time: _____

Format:

4 Did the call begin/end on time? Yes/ No

If NO why: _____

5. Was the presenting site/speaker prepared: **YES / NO**

If NO why: _____

6. Was there enough time for presenting site/speaker to present their information?

YES / NO

If NO why: _____

7. Were the graphics/peripheral equipment used to present topic easy to view so that all participants could view? **YES/NO**

If no, why: _____

8. Was there enough time for discussion? **YES / NO**

If No why: _____

9. Was the facilitator/moderator effective for this call (i.e. gave each site a chance to add input and kept the call moving in an effective manner)? **YES/NO**

If no, why: _____

Topic Pertinent/Knowledge Base Raised:

10. What was the topic discussed on today's call? _____

11. Did the topic matter you signed up for correspond with the actual training received?

YES / NO

If NO why: _____

12. Did this call increase your knowledge based? **Yes/ No**

13. Please rank the overall call with 1 being poor and 5 being excellent: 1 2 3 4 5

14. Additional comments: _____

For CEU's, you must provide name and current professional license number or SS#

Name: _____ Phone #: _____

Current professional license number or SS# _____

If you have any questions or concerns contact Kim Martinez, MRCAC @ 651/220-6065 or

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