



**HEALTH CARE QUALITY IMPROVEMENT PROGRAM  
 CLINICAL STRATEGIES TO IMPROVE PATIENT OUTCOMES  
 JANUARY 24, 2007  
 PRESENTATION EVALUATION FORM**

**Your evaluation of this presentation is very important to IPRO. Completion of this questionnaire will provide input for improving the content and quality of future presentations. Please check the box that best describes your rating.**

	<b>5 Strongly Agree</b>	<b>4 Agree</b>	<b>3 No Opinion</b>	<b>2 Disagree</b>	<b>1 Strongly Disagree</b>
1. The presentation was provided in an organized and logical manner.	<b>G</b>	<b>G</b>	<b>G</b>	<b>G</b>	<b>G</b>
2. The pace of the presentation was appropriate with adequate time for Q&A.	<b>G</b>	<b>G</b>	<b>G</b>	<b>G</b>	<b>G</b>
3. The material presented was relevant and useful in understanding and/or improving current QI efforts.	<b>G</b>	<b>G</b>	<b>G</b>	<b>G</b>	<b>G</b>
4. The presenter was knowledgeable, organized and effective in their presentation.	<b>G</b>	<b>G</b>	<b>G</b>	<b>G</b>	<b>G</b>
5. Overall assessment: The information provided during this presentation will be valuable in improving my facility's quality improvement activities.	<b>G</b>	<b>G</b>	<b>G</b>	<b>G</b>	<b>G</b>

Additional Comments:

**A completed form may be submitted to Debra L'Italien  
 via fax @ 518-426-3418 or  
 mail to 20 Corporate Woods Boulevard, Albany, NY 12211**

**Facility Name:**

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**Facility Address:**

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**Evaluator's Name/Title (optional):**

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