

# ST. JOHN MEDICAL CENTER LECTURE EVALUATION FORM

Participants Name \_\_\_\_\_ Date \_\_\_\_\_

## Topic: THE HOLISTIC BIRTH CENTER ORIENTATION

Presenter(s)     Maureen Stein-Vavro, CNM       Sharon Johnson, CNM       Susan Dornan, CNM  
                           Colleen Brezine, CNM                       Colleen Zelonis, CNM       Rae Schmidt, Doula

**Please circle the appropriate answer for the following questions...**

1. The presentation was engaging - interactive, got me involved, and made me thinkí	Strongly Disagree	Disagree	Agree	Strongly Agree
2. The content of the presentation met my expectationsí	Strongly Disagree	Disagree	Agree	Strongly Agree
3. The presentation addressed relevant knowledge or skills that will be helpful to meí	Strongly Disagree	Disagree	Agree	Strongly Agree
4. Resource materials and videos were current and relevant to the discussioní	Strongly Disagree	Disagree	Agree	Strongly Agree
5. I would recommend that this presenter be invited back	Strongly Disagree	Disagree	Agree	Strongly Agree
Explain _____ _____ _____				
6. Overall, I would rate the quality of this presentation así	Poor	Average	Good	Excellent
7. What action will you take as a result of participating in this activity? (Please check ONLY one) <ul style="list-style-type: none"> <li>None</li> <li>Research further</li> <li>Participate in another educational activity</li> <li>Discuss new information with current provider</li> <li>Transfer care to new provider</li> <li>Transfer care to SJWS for my delivery</li> </ul>				
8. Please give your thoughts as to how this presentation could be improved. _____ _____ _____ _____				
9. Presentations that I would like to see in the future areí _____ _____				

