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| **Evaluate the presenter for only those sessions you attended.** | **The presenter was knowledgeable of the subject** | **The teaching strategies supported the education** | **The material in this presentation enhanced my…** **(select all that apply)** |
| Presenter: |  | 5 4 3 2 1 | 5 4 3 2 1 | Skills Practice Knowledge |
| Session Title: |  |
| **Outcome Measures:** | The session Outcome Measures were met |
| 1. | I can implement       | 5 4 3 2 1 N/A |
| 2. | I plan to change my current practice as a result of completing this educational activity today | 5 4 3 2 1 N/A |
| 3. | I plan to share information from this presentation with a professional colleague | 5 4 3 2 1 N/A |
| Comments: |

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