

Satisfaction with Module Presentation: Team Based Service Models

Resident's Name: _____

Date: _____

Please respond to the following statements by circling your response on a scale from 1 to 5.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

For this module, I was satisfied with:

- | | | | | | |
|--|---|---|---|---|---|
| 1. Organization of the module. | 1 | 2 | 3 | 4 | 5 |
| 2. Opportunities provided for questions and discussion.. | 1 | 2 | 3 | 4 | 5 |
| 3. Quality of reading materials. | 1 | 2 | 3 | 4 | 5 |
| 4. Usefulness of the information. | 1 | 2 | 3 | 4 | 5 |
| 5. Usefulness of the clinic team experience. | 1 | 2 | 3 | 4 | 5 |
| 6. Usefulness of the program experiences. | 1 | 2 | 3 | 4 | 5 |
| 7. Overall rating of the module. | 1 | 2 | 3 | 4 | 5 |
| 8. What were the benefits of this module to you as a pediatrician? | | | | | |

9. Do you have suggestions to improve this module?

Please return this form to:
Physicians Training Project Coordinator
University of Connecticut
A.J. Pappanikou Center for Excellence
in Developmental Disabilities
263 Farmington Ave., MC 6222
Farmington, CT 06030
Fax: (860) 679-1571