

# Satisfaction with Session Presentation: Early Intervention

Resident's Name: \_\_\_\_\_

Date of Visit: \_\_\_\_\_

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

**Strongly Disagree**  
1

**Disagree**  
2

**Neutral**  
3

**Agree**  
4

**Strongly Agree**  
5

**The Facilitators:**

- |                                       |   |   |   |   |   |
|---------------------------------------|---|---|---|---|---|
| 1. Were prepared for the session.     | 1 | 2 | 3 | 4 | 5 |
| 2. Were organized.                    | 1 | 2 | 3 | 4 | 5 |
| 3. Stated clear objectives.           | 1 | 2 | 3 | 4 | 5 |
| 4. Were articulate/spoke clearly.     | 1 | 2 | 3 | 4 | 5 |
| 5. Allowed enough time for questions. | 1 | 2 | 3 | 4 | 5 |
| 6. Sufficiently answered questions.   | 1 | 2 | 3 | 4 | 5 |
| 7. Valued my input.                   | 1 | 2 | 3 | 4 | 5 |

**The Content:**

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 8. Objectives of the session were met.   | 1 | 2 | 3 | 4 | 5 |
| 9. The session provided me with a clear understanding of team based service models.                                  | 1 | 2 | 3 | 4 | 5 |
| 10. Overall rating of the session  | 1 | 2 | 3 | 4 | 5 |
| 11. What, if anything, would you like to see added to or omitted from the Early Intervention Model didactic session? |   |   |   |   |   |

Please return this form to:  
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