8th Fire Videoconference Education Series Evaluation Form

**October 21, 2014 –** **The 8th Fire Series - Session 2 - Indigenous in the City Episode Screening  
Facilitator: Karen J Pheasant**

Your feedback is essential to us and helps to shape future Telehealth presentations. **Thank you for taking a few minutes to complete this form!** You can submit this form anonymously, or you can provide us with your name and email address!

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| --- | --- | --- | --- | --- |
| **1. Overall, I give this session a rating of:** | | | | |
| Excellent | Good | Average | Below Average | Poor |
|  | | | | |
| **2. This session met my expectations.** | | | | |
| Strongly Agree | Agree | Undecided | Disagree | Strongly Disagree |
|  |  |  |  |  |
| **3. The topic was relevant and worthwhile.** | | | | |
| Strongly Agree | Agree | Undecided | Disagree | Strongly Disagree |
|  | | | | |
| **4. The information provided was presented clearly and in a manner easy to understand.** | | | | |
| Strongly Agree | Agree | Undecided | Disagree | Strongly Disagree |
|  | | | | |
| **5. The presenter held my interest throughout the videoconference.** | | | | |
| Strongly Agree | Agree | Undecided | Disagree | Strongly Disagree |
|  | | | | |
| **6. The handouts (if applicable) were helpful during the presentation.** ( or Not Applicable) | | | | |
| Strongly Agree | Agree | Undecided | Disagree | Strongly Disagree |
|  | | | | |
| **7. The handouts (if applicable) will be helpful as a resource in the future.** ( or N/A) | | | | |
| Strongly Agree | Agree | Undecided | Disagree | Strongly Disagree |
|  | | | | |
| **8. The length of the session was:** | | | | |
| Just right | Too long | Too short |  |  |
|  | | | | |
| **9. What I liked most about this session was:** | | | | |
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**Please fax BOTH SIDES of this form to  
FNIH Telehealth fax: 780-495-7338**

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| --- | --- | --- | --- | --- |
| **10. What I liked least about this session was:** | | | | |
|  | | | | |
| **11. Other comments. (All comments are welcome and very helpful.)** | | | | |
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|  |  |  |  |  |
| **12. Suggestions for future sessions – topics, speakers.** | | | | |
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|  |  |  |  |  |
| **13. Health Centre you attended this session at or Health Centre you are affiliated with.** | | | | |
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| **If you would like to be entered into a draw for a prize, please provide your name and email address!** | | | | |
|  | | | | |
| **Name:** | | | | |
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|  |  |  |  |  |
| **Email Address:** | | | | |
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