

# The Brookdale Center for Healthy Aging and Longevity

Faxback # 212-481-3791 Attn: Matthew Khaled

**nyc adult care | EP CENTRAL**


**The Emergency Preparedness Forum  
for NYC Adult Care Providers**

**Thursday, June 23, 2011, 11am**

## Program Evaluation for Webinar Session III

*Thank you for completing this evaluation. Your feedback is very important to us.  
Completion of this evaluation will help us to improve future offerings to meet your needs.*

Please, rate each aspect of Session 3 of the Adult Care Emergency Preparedness Exercise Toolkit Overview using the following scale:	Strongly disagree 1	Disagree 2	Agree 3	Strongly agree 4
<b>The webinar</b>				
1. Met its described objectives/purposes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Provided information that was useful for my work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>After participating in this webinar, I learned (or was reminded of)...</b>				
3. The reasons why one would evaluate an exercise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The different methods for conducting a debriefing session.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The importance of documenting the outcomes of an exercise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The three issues that are involved in implementing change.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Please tell us what you thought about the webinar's organization.</b>				
7. The webinar was presented in an organized manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The pace of the webinar was appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. There was adequate time for questions and answers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>The presenter (M. Khaled)...</b>				
10. Appeared to be competent in the subject matter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Appeared to be prepared.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(over )

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Please, rate each aspect of Session 1 of the Adult Care Emergency Preparedness Exercise Toolkit Overview using the following scale:	Strongly disagree 1	Disagree 2	Agree 3	Strongly agree 4
<b>The moderator (M. Khaled)...</b>				
12. Encouraged audience participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Summarized material to emphasize essential points.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Provided appropriate guidance for call participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Gave an appropriate overview of the call agenda.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please, rate each item below using the following scale	Poor 1	Adequate 2	Good 3	Excellent 4
16. <b>Overall</b> , how would you rate today's webinar?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. <b>Overall</b> , please rate the sound/audio quality of the webinar ( <i>Did you have any difficulty hearing the call, that you think was due to Brookdale's technology?</i> ).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. What topics that were not included in today's discussion would you like to hear more about?

19. Please share any comments you have about today's webinar.

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**May we contact you regarding your evaluation?**

If so, please provide your contact information here.

Name: \_\_\_\_\_

Facility: \_\_\_\_\_

Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

**Thank you!**

