WEBINAR EVALUATION FORM

Thank you for taking time to complete this form. Your feedback is important in helping us provide the most valuable assistance to Medicaid and SCHIP agencies.

Title of Webinar: _____   Date: _____

Information about you and your agency:

Type of agency:

    € Medicaid
    € SCHIP
    € Combined Medicaid / SCHIP

Please list your role in your agency: _____

Please rate your agency's status with regard to Health IT implementation.

	Basic	Intermediate	Advanced
	€	€	€

Your evaluation of the webinar:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The webinar was clearly presented.	€	€	€		€	€
The content was relevant to my work.	€	€	€		€	€
The presenter was knowledgeable.	€	€	€		€	€
The presenter answered my questions.	€	€	€		€	€
The webinar was well organized.	€	€	€		€	€
I would consider attending another webinar in the future.	€	€	€		€	€

Technical Assistance for Health Information Technology and Health Information Exchange in

Medicaid and SCHIP

Please rate the <u>pace of the webinar</u>:

	Too slow	About right	Too fast
	€	€	€

Please rate the <u>length of the webinar</u>:

	Too short	About right	Too long
	€	€	€

Please rate the <u>level at which the webinar was presented</u>:

	Too basic	About right	Too advanced
	€	€	€

Please rate the <u>level of interaction in this webinar</u>:

	Not enough Interaction	About right	Too much Interaction
	€	€	€

What topics in this webinar were most helpful?

What topics in this webinar were least helpful?

Were there any topics not discussed in this webinar that you wish were discussed?

Please provide any additional comments below: