Title: MCHES Do's and Don'ts
Evaluation Form

Day, Date: Thursday, May 18, 2011
Time: 1:00 - 2:00 pm
Event #: 01-169DL

I am
□ Entry-level (CHES)
□Advanced-level (MCHES)

1.0 ☐ ***Entry-level CECH*** **OR** ☒ ***Advanced-level CECH***

Please complete this evaluation. If applying for continuing education credits you **MUST** complete **all** questions.
For each of the following questions, mark (X) in the column that best represents your opinion regarding this session. Use the rating scale of 1-5 (1=strongly disagree, 5=strongly agree).

Learner Objectives	**Strongly Disagree**		**Neutral**		**Strongly Agree**
As a result of this session, I am able to:	**1**	**2**	**3**	**4**	**5**
a) Prepare a continuing education application that offers continuing education for the Master Certified Health Education Specialist meeting the required Advanced-level Sub-competencies.					
b) Identify specific behavioral/learning objectives that meet the Advanced-level Sub-Competencies thereby marking it as an Advanced-level Sub-competency for the Master Certifies Health Education Specialist.					
d) **Kay Deaner, RN, MEd, CHES** demonstrated mastery of the topic.					
e) **Kay Deaner, RN, MEd, CHES** was an effective presenter.					
f) **Nicolette Warren, MS, MCHES** demonstrated mastery of the topic.					
g) **Nicolette Warren, MS. MCHES** was an effective presenter.					
h) The session was timely in terms of current public health and health education practice.					

Please answer the following questions.

1. Suggestions for presentation improvement such as length, audiovisuals, handouts, materials, or what you would change about this session.

2. Additional Comments/Observations