

Participant Understanding

Question	Yes	Somewhat	No
Demonstrated understanding of topic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Actively participated in discussion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asked questions when needed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expressed confidence in applying what was learned	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Educator Notes / Recommendations

get patient more involved
with friends