Promoting Physical Activity at Well Child Visits Training Evaluation Form

Date:]	Location/Clinic:
I am a: (Please check one):	nurse practition	health educator nt nurse ner nutritionist/dietitian ase specify):
1. After this presentation wil	l you promote more phys	sical activity for your patients?
YES	NO	
If no, please explain		
2. Was the time allowed for	the presentation sufficier	nt for you to understand the material?
YES Comments:		
3. Did the presenter deliver	the presentation in an ef	fective manner?
YES	NO	
4. Would you recommend th	nis presentation to other l	health care providers?
YES	NO	
5. Other Comments /Sugge	stions:	

Thank you!