

## Evaluation Form

Course Sponsor: Smith Seminars  
Course Title: Pulmonary Rehabilitation

### Part 1: Teaching Effectiveness of the Presenter(s)

Please rate the teaching effectiveness of the presenters using the scale below:

1 = Poor    2 = Fair    3 = Good    4 = Excellent    5 = Superior

Presenters (in program order)	Teaching Effectiveness			
	Organization	Delivery	Content	Audio Visual
<b>Coarse Overview</b> Debra Smith, RRT, CRT, RCP				
<b>Pulmonary Rehabilitation</b> Debra Smith, RRT, CRT, RCP				

### Part 2: Your Achievement of Educational Objectives

Please rate the degree to which you believe you achieved the educational objectives for each module by placing a check mark in the appropriate box corresponding to each:

Objectives for each module	I achieved this activity's educational objectives			
	Strongly Agree	Agree	Disagree	Strongly Disagree
<b>Pulmonary Rehabilitation Objectives</b> 1. Consequences of respiratory diseases 2. Definition, goals, and benefits of pulmonary rehabilitation 3. Patient selection, assessment, and setting for pulmonary rehabilitation 4. Treatment and optimizing medical care for pulmonary rehabilitation				

### Part 3: Program Integrity

Indicate your agreement with the following statement by checking the appropriate response:

**The content of this course was presented without bias of any commercial product or drug**

**Strongly Agree** \_\_\_\_ **Agree** \_\_\_\_ **Disagree** \_\_\_\_ **Strongly Disagree** \_\_\_\_

Comment:

Print the Evaluation Form, answer the questions, and fill out personal information.

Submission Method #1 – Fax to us at 972-759-9791

Submission Method #2 - Smith Seminars, PO Box 516, Paradise, TX 76073

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Order Confirmation Number: \_\_\_\_\_

AARC member number \_\_\_\_\_

Licensure State \_\_\_\_\_