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| **DEPARTMENT OF HEALTH SERVICES STATE OF WISCONSIN**  Division of Medicaid Services  F-00915 (02/2017)  wisconsin birth to 3 program  data discussion evaluation | | | | | | | |
| If completing this form online, use the Tab Key to move through each section. | | | | | | | |
| Date of Data Discussion | | Date Attended / Watched | | | Affiliation (County/Tribe/Agency) | | |
|  | |  | | |  | | |
| Topic | | | | | | | |
|  | | | | | | | |
| Your Role in the Birth to 3 Program | | | | | | | |
| Service Coordinator | | | Program Director | | | | Speech/Language Therapist |
| Physical Therapist | | | Occupational Therapist | | | | Educator |
| Nurse | | | Other (designate): | | | | |
| 1. The topic discussed in this Data Discussion met my goals and expectations: | | | | | | | |
| Completely | Substantially | | | Partially | | Not at all | |
| 1. The Data Discussion was well placed in the allotted time: | | | | | | | |
| Yes | No | | | | | | |
| 1. Based on my job functions, I will be able to apply the content and techniques presented: | | | | | | | |
| Completely | Substantially | | | Partially | | Not at all | |
| 1. Please comment on the speaker(s). Include knowledge, ability to communicate ideas, and ability to hold your interest. | | | | | | | |
|  | | | | | | | |
| 1. What did you like or find helpful about this Data Discussion? | | | | | | | |
|  | | | | | | | |
| 1. What could have been improved? | | | | | | | |
|  | | | | | | | |
| 1. I would like to hear more on this topic: | | | | | | | |
| Yes | No | | | | | | |
| 1. What other topics would you like to discuss in the future? | | | | | | | |
|  | | | | | | | |
| return to  Department of Health Services  Birth to 3 Program  1 West Wilson Street, Rm 418  P O Box 7851  Madison, WI 53703-7851 | | | | | | | |