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| **DEPARTMENT OF HEALTH SERVICES STATE OF WISCONSIN**Division of Medicaid ServicesF-00915 (02/2017)wisconsin birth to 3 programdata 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?
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|   |
| return toDepartment of Health ServicesBirth to 3 Program1 West Wilson Street, Rm 418P O Box 7851Madison, WI 53703-7851 |