

## EVALUATION RATING SCALE

ACTIVITY TITLE: Neonatal webinar: Hypoglycemia in the Neonate– Archived Module

Date Archived Webinar Viewed: \_\_\_\_\_

INSTRUCTIONS: Your opinion of this continuing education activity is important in planning future educational activities. Please indicate how you rate the activity in the categories listed below by circling the number which indicates your response to each statement.

**1=Strongly Disagree      2=Disagree      3=Undecided      4= Agree      5=Strongly Agree**

**RELATIONSHIP OF OBJECTIVES TO OVERALL PURPOSE/GOAL(S) OF THE ACTIVITY:**

In general, the below listed objectives were reflective of the overall purpose/goal of the activity

Overall Purpose/Goal: The goal of this presentation is to review neonatal hypoglycemia. The presentation will focus on at risk neonates, signs and symptoms, laboratory studies and treatment of neonatal hypoglycemia	1 2 3 4 5
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**LEARNER’S ACHIEVEMENT OF OBJECTIVE OF THE CONTINUING EDUCATION ACTIVITY:**

Objective 1: The participant will be able to define three factors affecting glucose levels	1 2 3 4 5
Objective 2: The participant will be able to list signs and symptoms of neonatal hypoglycemia	1 2 3 4 5
Objective 3: The participant will be able to recall treatment methods for neonatal hypoglycemia	1 2 3 4 5

**TEACHING EFFECTIVENESS OF EACH INDIVIDUAL FACULTY MEMBER/PRESENTER:**

Speaker: Cathy White, RNC, NNP B-C	
The presentation was organized and easy to follow	1 2 3 4 5
The speaker demonstrated knowledge/expertise in the topic	1 2 3 4 5
The content was based on current professional/scientific information	1 2 3 4 5
The speaker clarified content in response to questions	1 2 3 4 5
The presentation level was appropriate for the background and experience of the learner	1 2 3 4 5

Comments: \_\_\_\_\_

\_\_\_\_\_

Suggestions for future topics:

\_\_\_\_\_

\_\_\_\_\_

**To receive your Nursing CE’s, please complete & return:  
803-434-4309 (fax) or [PerinatalSystems@PalmettoHealth.org](mailto:PerinatalSystems@PalmettoHealth.org) (e-mail)**

This certifies that I participated in the Perinatal Systems webinar on \_\_\_\_\_ (Date),  
“Perinatal Webinar: EFM Update – Archived Module” Initial: \_\_\_\_\_

Name: (please print) \_\_\_\_\_ Date: \_\_\_\_\_

Email address: \_\_\_\_\_