**Presentation Title**: Let’s Work Together: When and Why to Refer to Women’s Health Physical Therapy

**Presenter**: Lorna Troost **Date**:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Year in program/position: ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instructions**: Please indicate the extent to which you agree or disagree with the following statements by circling the number in the appropriate column.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree |
| The material presented was well organized |  |  |  |  |  |
| Presenter was easy to understand |  |  |  |  |  |
| The presentation was of appropriate length |  |  |  |  |  |
| This presentation provided new information to me |  |  |  |  |  |
| The level of this material was appropriate for my current knowledge and experience level |  |  |  |  |  |
| This presentation enhanced my knowledge regarding pregnancy-related morbidity and treatment options |  |  |  |  |  |
| VoiceThread was an appropriate medium for this presentation |  |  |  |  |  |
| Presentation slides were easy to follow and contributed to my understanding |  |  |  |  |  |
| I can foresee myself using information gained from this presentation in the future |  |  |  |  |  |
| I can see myself referring my patients to a Woman’s Health physical therapist in the future |  |  |  |  |  |

**Overall impression:**

**Poor Excellent**

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**Strengths of this presentation**:

**Weaknesses, suggestions, or areas for improvement**:

**Any additional comments, questions, or areas you would like addressed in the future**:

Please email your completed survey to lorna.troost@gmail.com. Thank you very much!