

New York State Academy of Family Physicians

**HOW TO INCREASE COLORECTAL CANCER SCREENING RATES IN PRACTICE
EVALUATION FORM**

Your candid comments, suggestions and ideas will help us continue to improve this presentation for next year. Please complete the evaluation form and return via fax **attention Kathy Alexis at (212) 279-3851.**

Please give this session an overall rating on a scale of 5 (excellent) to 1 (poor).

Subject:	5	4	3	2	1
Content:	5	4	3	2	1
Delivery:	5	4	3	2	1
Knowledge of Speaker(s):	5	4	3	2	1
Quality of Speaker(s):	5	4	3	2	1

Would you attend a lecture by this speaker again? Yes No

State two distinct things you learned as a result of attending this session: _____

What did you learn from this activity that you plan to implement in your practice? _____

Should this topic be repeated next year? Yes No

Do you have additional questions you need answered to make this a successful program?

Do you have any suggestions on how to roll this program out to a wider audience?

A couple of demographic questions:

How long have you been in practice? _____

Age: _____

Gender: _____

Please use the back of this form if you wish to share additional comments regarding this session.

Thank you for your participation. Please return this form via fax to Kathy Alexis at (212) 279-3851.