**P.A.C.E. EVALUATION FORM:**

**Program/Session Title: *“The Mosquitoes We Live With and the Diseases They Harbor” (Part 2)***

**Program Number:** 035-052-17 **Program Date:** May 10, 2017

**Institution’s Name and City:**

Use this form to evaluate the above-titled program/session **ONLY**.

Fill in the numbered circle to indicate your ratings of this program, objectives, and speaker(s); using one response per line, completely erasing errors.

**SPEAKER RATING Strongly Disagree / Disagree Agree / Strongly Agree**

The presenter(s):

Was/were knowledgeable about the subject matter and presented

the information in an organized and effective manner. **① ② ③ ④**

Clearly conveyed the material at an appropriate level. **① ② ③ ④**

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Provided a significant amount of new/useful information. **① ② ③ ④**

Additional Comments:

**OBJECTIVES RATING Did not meet Did meet**

The presenter(s) was/were successful in meeting the following objectives:

1. Summarize which endemic and emerging arboviral disease are present in WI and

what laboratory tests are recommended for diagnostic and surveillance purposes. **①**  **②**

1. Discuss some of the common challenges of arbovirus diagnostic testing and case

identification. **① ②**

1. Discuss historic and current vector control activities, including public education

and personal protection strategies. **① ②**

**PROGRAM CONTENT RATING Low Poor High Excellent**

Rate your overall degree of satisfaction with this session. **① ② ③ ④**

What did you like about the presentation?

What suggestions do you have for improvement?

What topics do you suggest for future teleconferences?

Thank you for attending this P.A.C.E.® approved program and completing this Evaluation Form.

**Please Fax or email completed forms or additional comments to:**

**Fax: 844-390-6233 or email to** [**erin.bowles@slh.wisc.edu**](mailto:erin.bowles@slh.wisc.edu)