

SCOLIOSIS SCREENING INSTRUCTION

DATE: _____

EVALUATION

SCHOOL NURSE
 PUBLIC HEALTH NURSE
 OTHER
 HEALTHCARE PROFESSIONAL

Overall Evaluation: <i>Please circle the appropriate response:</i>	Strongly Disagree	Disagree	Somewhat Agree	Agree	Strongly Agree
1. The method used to present the material held my attention	1	2	3	4	5
2. The presenters demonstrated mastery of the topic.	1	2	3	4	5
3. The presenters were responsive to participant questions.	1	2	3	4	5
4. Overall, I was satisfied with the quality of this course/program	1	2	3	4	5
5. At the completion of this instruction, I am much more confident in screening children for scoliosis.	1	2	3	4	5
Course Objectives: Overall Skills/knowledge presented met the course objectives <i>Please circle the appropriate response:</i>	Strongly Disagree	Disagree	Somewhat Agree	Agree	Strongly Agree
Distinguish between myths and facts regarding scoliosis.	1	2	3	4	5
Discuss the importance of scoliosis screening for adolescents.	1	2	3	4	5
Describe the scoliosis screening process including all five steps.	1	2	3	4	5
Report the abnormal physical findings of the scoliosis screening.	1	2	3	4	5
Describe the treatment options for scoliosis.	1	2	3	4	5
Presenters: <i>Please circle the appropriate response:</i>	Strongly Disagree	Disagree	Somewhat Agree	Agree	Strongly Agree
_____	1	2	3	4	5
The presenter was effective.	1	2	3	4	5