

EVERY WOMAN MATTERS
Quarterly Case Management Evaluation of
Professional Education Materials provided by Central Office

Please copy and paste this form in a new email to jane.green@nebraska.gov or print and mail to Jane Green, RN, Office of Women's and Men's Health, Every Woman Matters, 301 Centennial Mall South, PO Box 94817, Lincoln, NE 68509

Person completing form _____
Case Management Region _____
Date Form Completed _____

Name of article or website name & address (_____)
 Date article/website received _____

	Strongly Agree	Agree	Neither agree or disagree	Disagree	Strongly Disagree	Not applicable
The level of content was appropriate.						
My level of knowledge prior to receiving this information was adequate.						
My level of knowledge was enhanced by this information.						
I will use this information to improve client knowledge.						
I will use this information to improve provider knowledge.						

Comments

Name of article or website name & address _____ (_____)
 Date article/website received _____

	Strongly Agree	Agree	Neither agree or disagree	Disagree	Strongly Disagree	Not applicable
The level of content was appropriate.						
My level of knowledge prior to receiving this information was adequate.						
My level of knowledge was enhanced by this information.						
I will use this information to improve client knowledge.						
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Comments

List topics that you would like to be considered for future educational topics, e.g. Colposcopy, Fine Needle Aspiration, Ductal Carcinoma, or Obesity.