

**Virtual State of the Science Conference  
 Telerehabilitation: Public Policy Issues and Research Tools**

**Name:** \_\_\_\_\_ **Credentials:** \_\_\_\_\_

**Company/Organization:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Evaluation**

**Please rate each objective on a scale of 1-5**

**1 = strongly disagree**

**5 = strongly agree**

1. The clarity with which the objectives were communicated.  
 1            2            3            4            5
2. I better understand the significance of policy as a complement to telerehabilitation technology and clinical services.  
 1            2            3            4            5
3. I better understand the need for health care service delivery innovation to meet the rehabilitation needs of a burgeoning disability and aging population throughout the world.  
**1            2            3            4            5**
4. I better understand the need for outcome studies as an evidence base used by providers and policy makers in decision making  
 1            2            3            4            5
5. I better understand the need for studies that incorporate medical, functional and quality of life factors.  
 1            2            3            4            5
6. I would recommend this session to others.  
 1            2            3            4            5

7. The instructor's teaching style was conducive and effective.  
1                    2                    3                    4                    5
8. The quality of the streaming sound and video was acceptable.  
1                    2                    3                    4                    5
9. The virtual online session was a good way for me to learn the content.  
1                    2                    3                    4                    5
10. Would you like to see more State of the Science Conferences in a *virtual* format?  
1                    2                    3                    4                    5

Additional Comments:

Attendees Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return via fax, mail, or email attachment to:

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