ADIRONDACK REGIONAL HEALTHCARE WORKFORCE PLANNING MEETING
October 3, 2013
Lake Placid, New York

MEETING EVALUATION
Please complete and return to the registration table at the end of the meeting.

1. The data presented at this meeting was useful in framing issues that Adirondack health care providers face.
   □ Strongly disagree
   □ Somewhat disagree
   □ Neither disagree nor agree
   □ Somewhat agree
   □ Strongly agree

2. Breakout groups that included educators and providers were an effective approach to identifying and discussing the health workforce needs of the Adirondacks.
   □ Strongly disagree
   □ Somewhat disagree
   □ Neither disagree nor agree
   □ Somewhat agree
   □ Strongly agree

3. There was a good balance between presentations and group discussion at this meeting.
   □ Strongly disagree
   □ Somewhat disagree
   □ Neither disagree nor agree
   □ Somewhat agree
   □ Strongly agree

4. What is your overall level of satisfaction with this meeting?
   □ Very dissatisfied
   □ Somewhat dissatisfied
   □ Neither dissatisfied nor satisfied
   □ Somewhat satisfied
   □ Very satisfied

5. What would you recommend as next steps following this meeting?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Thank you for completing this form. Your information will be used to structure future efforts.