

Attend Chronic Disease Conference or Training Outcomes Report

| Return to: Katie Sheehy, State School Nurse Consultant Montana Department of Public Health and Human Services Cogswell Building 1400 Broadway Suite 314B Helena, MT 59620-2951 Phone: 406-444-4592 Fax: 406-444-7465 Email: schoolhealth@mt.gov | | |
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| Questions: | | |
| 1. What event or events did you choose to attend? | | |
| 2. What sessions during the event(s) did you find most v | valuable? | |
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| 3. By attending the chosen event(s) did your knowledge Please provide at least one example of something that | | |

event(s).

| 4. | What is at least one thing you learned during the event(s) that you can apply in your everyday work? |
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| 5. | If you attended the AE-C Review Course, do you plan to take the certification exam? |
| 6. | Would you recommend this particular project for other school nurses or staff? Why or why not? |
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| | ***Save completed form and email it to schoolhealth@mt.gov*** |
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