

## Evaluation Form

**Please complete this evaluation form and return it to the coordinator  
at the end of the educational session.**

Event: EPI Winter 2025 Seminar Series # Credit Hour(s): 1 Date: \_\_\_\_\_

Presenting Department: Department of Epidemiology, Biostatistics and Occupational Health

Event Title: \_\_\_\_\_

**Please rate the quality of the activity on a scale of 1 (strongly disagree) to 5 (strongly agree).  
This activity:**