**Unit 8 – Population of Interest Plan of Care Proposal**

**Healthcare Professional Feedback Form**

Date and Time of Presentation:

Student Name:

Title of Presentation:

Name and Title of Healthcare Professional Audience Member:

Relationship of Audience Member to Population of Interest:

Please rate the presentation. One being low quality and five being the highest quality.

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| --- | --- |
| Accuracy of Information Provided  |  1 2 3 4 5 |
| Relevancy to this Population of Interest |  1 2 3 4 5 |
| Feasibility of this Plan of Care Proposal |  1 2 3 4 5 |

What ideas or aspects of this Plan of Care Proposal were, in your professional opinion, the most accurate and potentially helpful to patients/clients?

What areas, if any, need more research or development regarding this plan?

What other suggestions/comments do you have for this presenter?

Signature of Healthcare Professional: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Information of Healthcare Professional (email/phone number):