



Hands on Training Modules

Participant Evaluation Form

Candidate: Amanda Letti Signature: _____
 Address: R. Barão do Tziunfo 1302 ap 81 Campo Belo Cp: 04602-015
 Phone (home/ cell) (5511) 50933463 / 91932412 E-mail: amandasetti@uol.com.br
 Module: SA Training period: one month

Personal Course Objectives

- 1: Perform ICSI
- 2: Perform Embryo Biopsy
- 3: _____

Met	Not Met	Partially Met
X		
X		

How much of the course content was new to you (please circle one):

Almost all

About 75%

About 50%

About 25%

Almost none

REPRODUCTIVE RESEARCH CENTER
(Hands on training)

Topics covered:

- | | |
|--------------------|---------------------------|
| 1. <u>ICSI</u> | 2. <u>Biopsy</u> |
| 3. <u>IVF</u> | 4. <u>EMBRYO transfer</u> |
| 5. <u>HATCHING</u> | 6. <u>EMBRYO SURVIVAL</u> |

Course Evaluation	Excellent (5)	Very Good (4)	Good (3)	Fair (2)	Poor (1)	N/A
Facility conducive to learning	X					
Content of syllabus/handout material	X					
Hands on experience	X					
Multimedia presentations						
Length of course to contents	X					
Appropriate time for questions	X					
Overall course management	X					

What was the most effective aspect(s) of this course? and why?

I've learned everything I wanted to mainly because of the teacher knowledge and patience.

What was the least effective aspect(s) of this course? and why?

Kelly is terrific, but she couldn't stay with me all the time because she was always paged or called to go to the lab. (andrology).

What could have made this course better?

It couldn't be any better. But I think the room should be used only for those who are training, and the equipments too.

Additional comments:

I think Kelly should be given additional help in the lab. She can't be in two places at the same time.

