**Optometric Syntonic Phototherapy 101**

**October 10-11, 2020 Event #**

**Post Activity Evaluation Section 1**

As a result of this Seminar,

1. I am able to correctly assess patients with constricted form, motion and color fields.

Strongly Strongly

Disagree Disagree Neutral Agree Agree N/A

 1 2 3 4 5

Comments:

1. I am able to design and implement an effective optometric phototherapy treatment program to improve outcomes for a wide variety of patient populations.

Strongly Strongly

Disagree Disagree Neutral Agree Agree N/A

 1 2 3 4 5

Comments:

1. I have identified changes for implementation in my optometric practice.

Strongly Strongly

Disagree Disagree Neutral Agree Agree N/A

 1 2 3 4 5

Comments:

1. I will significantly change the way I diagnose and care for my patients.

Strongly Strongly

Disagree Disagree Neutral Agree Agree N/A

 1 2 3 4 5

Comments:

1. After implementing what I learned, I expect positive changes in my patients’ outcomes.

Strongly Strongly

Disagree Disagree Neutral Agree Agree N/A

 1 2 3 4 5

Comments:

**Post Activity Evaluation Section 2**

Based on your participation this weekend, please summarize what you learned.

1. As a result of the education, I plan to (circle all that apply).
	1. Seek additional reading related to the optometric education
	2. Share the information I learned, and collaborate with colleagues
	3. Research supplementary information and education to support my learning
	4. Alter the methods in which I diagnose and care for my patients
2. Describe your motivation for implementing changes in your optometric practice.