

Trainer Feedback (trainer must complete immediately following a MOBI)

Trainer Name:			
MOBI Presentation Site:			
Date of MOBI Presentation:		Time of MOBI:	am pm

- 1) Were you able to complete the MOBI presentation (including Q&A)? YES NO
- 2) What was the total number of attendees? _____
- 3) What was the number of attendees from each group below?
 Physician Adv Practice Nurse/PA Nurse MA Other
- 4) Please list questions asked by the audience and indicate any needing follow-up. (continue on back)

- 5) Are there any slides, material, or information that you would like to see added or deleted? (continue on back)

- 6) Were food/beverages provided? YES, provided by _____ NO
- 7) Was AFIX performed prior to the MOBI? YES, date _____ NO
- 8) If not, is AFIX planned? YES, date _____ NO, reason _____ MAYBE
- 9) During the MOBI presentation, the practice committed to do the following:
 - Have an AFIX measurement
 - Check immunization status at every visit
 - Give vaccines even if mild illness is present
 - Give all vaccines that are due
 - Update policies/procedures to reduce barriers
 - Institute a reminder/recall system
 - Sign up and use IMPACT SIIS (Registry)
 - Other
- 10) Does the practice expect you to follow-up in one month? YES NO

Please return this form immediately following a MOBI presentation along with Best Practices Checklist, attendee evaluation forms and the attendance sign-in sheet to the MOBI Office:

MOBI c/o Ohio Chapter, AAP
 450 W. Wilson Bridge Rd, Suite 215
 Worthington, OH 43085

call if questions: (614) 846-6350