Brain Injury Network of Northern Michigan Presentation

Certified Brain Injury Specialist (CBIS) Evaluation Sheet

Date:	July, 18 2024				
Your I	Name:				
Presen	ter: <u>Sarah Pranger</u>				
Topic:	Addressing Mental Heal	lth after TBI			
1.	1. The presentation met the objectives.				
	1 = Strongly Disagree	2 = Disagree	3 = Neutral	4 = Agree	5 = Strongly Agree
2.	2. The presentation will increase my understanding and care for the client with a brain injury.				
	1 = Strongly Disagree	2 = Disagree	3 = Neutral	4 = Agree	5 = Strongly Agree
3.	Comments:				

Please return this form before leaving this evening, sign out and receive your CBIS certificate.