# Attend Chronic Disease Conference or Training

# Outcomes Report

**Return to:**

School Health Program
Montana Department of Public Health and Human Services
Cogswell Building | 1400 Broadway Suite 314B | Helena, MT 59620-2951

Phone: 406-444-4592 | Fax: 406-444-7465 | Email: schoolhealth@mt.gov

**Grantee Name:**

 **County:**

 **School:**

**Questions:**

1. What event or events did you choose to attend?
2. What sessions during the event(s) did you find most valuable?
3. By attending the chosen event(s) did your knowledge of asthma or diabetes increase?

1. Please provide at least one example of something that you learned by attending your chosen event(s).
2. What is at least one thing you learned during the event(s) that you can apply in your everyday work?
3. If you attended the AE-C Review Course, do you plan to take the certification exam?
(N/A if you did not attend the AE-C Review Course)
4. Would you recommend this particular project for other school nurses or staff? Why or why not?