

Teaching Fellows in Lupus Project: Follow Up Card

Teaching Fellow Name: _____ Date: _____

Assessment Identifier: _____

Thank you for your participation in the seminar and the pre/post assessment.

In order to further evaluate the seminar and delivery model, we ask that participants also complete the same assessment about 5 weeks from today. If you agree to participate, we will send you an online version of the assessment to your email address.

Please note assessment data is used solely to evaluate this pilot project. Neither individual assessment data nor email addresses will be shared.

Yes, you may contact me via email to complete an online assessment.

Email: _____