

Program Evaluation Form

Title of Program

Organization Name

Dates

Place / Location including City and State

Program Number - - ***assign to each session:*** _____

Program Date and Time - - ***helps to track program for summation report:*** _____

Initials of Continuing Education Learner: _____

Using the following scale, circle the number that best describes your opinion on each criterion in evaluating the session. Please return the top copy of this form to session monitor. Retain yellow copy for Continuing Education requirements - - ***Print on carbon paper, as you need to give the presenters their evaluations.***

		4 Excellent	/ 3 Good	/ 2 Fair	/ 1 Disappointing	
1.	Content was logically presented.	4	3	2	1	N/A
2.	Presenter(s) were knowledgeable.	4	3	2	1	N/A
3.	Presenter(s) engaged learners.	4	3	2	1	N/A
4.	Teaching Methods were appropriate.	4	3	2	1	N/A
5.	Audio Visuals enhanced session.	4	3	2	1	N/A
6.	Presenter(s) responded clearly to questions.	4	3	2	1	N/A
7.	Topic was current.	4	3	2	1	N/A
8.	Presenter's objectives were met.	4	3	2	1	N/A
9.	Conference objectives were met.	4	3	2	1	N/A
10.	Program increased my knowledge.	4	3	2	1	N/A
11.	Program contributed to my objective for attending conference.	4	3	2	1	N/A
12.	Facility conducive to learning.	4	3	2	1	N/A

Comments: