

CONTINUING EDUCATION EVALUATION FORM

Education Title:		Date:	
Provided by:		Instructor's Name:	
Place/Room:		Student's Name (optional):	

To the participant:

Please complete the following evaluation at the conclusion of the program. Your comments are necessary to assist us in offering the best continuing education programs possible in the future.

Use the following rating scale:

5 – Strongly agree, 4 – agree, 3 – neither agree nor disagree, 2 – disagree, 1- disagree strongly.

Circle N/A if the topic is not applicable to you.

PROGRAM OVERALL

Topic	Rating						Comments
The stated goals and objectives of the education were met.	5	4	3	2	1	N/A	
The topics were covered in sufficient detail.	5	4	3	2	1	N/A	
The topics covered in this workshop will improve my professional practice.	5	4	3	2	1	N/A	
I would recommend this workshop to others.	5	4	3	2	1	N/A	

INSTRUCTOR

Instructor was well prepared.	5	4	3	2	1	N/A	
Instructor was able to appropriately respond to questions.	5	4	3	2	1	N/A	
The instructor was knowledgeable in the topics presented.	5	4	3	2	1	N/A	
The instructor involved participants in learning activities.	5	4	3	2	1	N/A	
The instructor's presentation style was effective.	5	4	3	2	1	N/A	

FACILITIES AND TRAINING MATERIALS

Topic	Rating						Comments
	5	4	3	2	1	N/A	
The room and amenities were conducive to learning.	5	4	3	2	1	N/A	
Audio-visual aids were used effectively.	5	4	3	2	1	N/A	
Training materials/handouts were helpful.	5	4	3	2	1	N/A	
Sponsor was well organized and responsive to participant needs (registration, special accommodations, certificates, etc.)	5	4	3	2	1	N/A	