

SAMPLE Evaluation Form

CPD Program Title: _____

Program Objectives:

- 1.
- 2.
- 3.
- 4.
- 5.

Course Evaluation

1) Please rate whether the program achieved its objectives.

Objectives (listed above)	Absolutely Yes	Yes	No	Absolutely No	No Opinion
Number 1					
Number 2					
Number 3					
Number 4					
Number 5					

2) Please rate the usefulness of the program to you.

	Absolutely Yes	Yes	No	Absolutely No	No Opinion
Was attending the program a good use of your time?					
Did the program contribute to your professional effectiveness and improve your ability to treat and manage clients/patients?					
Did the program address a professional practice gap?					
Will you be able to apply what you learned in your practice?					
Was the length of the program appropriate for covering the intended material?					

3) Please help us provide feedback to the speaker.

Did the speaker:	Absolutely Yes	Yes	No	Absolutely No	No Opinion
Present current information and seem knowledgeable about the topic?					
Have the ability to communicate clearly?					
Relate the content of the presentation to clinical practice?					
Respond appropriately to questions and comments?					
Did the presenter's visual aids and handouts contribute to your learning?					

4) Please rate the extent to which this program was free of bias.

Did the speaker:	Absolutely Yes	Yes	No	Absolutely No	No Opinion
Was this presentation balanced, fair, and free of commercial bias?					

For distance learning programs only:

5) Please rate the effectiveness of the distance learning technology:

Did the distance learning technology:	Absolutely Yes	Yes	No	Absolutely No	No Opinion
Function as intended by the faculty?					
Allow for meaningful interaction with the faculty?					
Allow for meaningful interaction with other students/ learners?					
Keep learners engaged in the learning experience?					

Additional Comments:

Please suggest topics for future educational activities: