

Activity Evaluation

Activity Objectives:

Please complete this evaluation form and return it to the course coordinator. The first section lists each presentation. Please evaluate the presentations that you attend. The second section concerns the overall course. Please complete it before turning in the evaluation form. Circle your responses and write in your comments. The course planning committee appreciates your reactions and suggestions to develop and improve future conferences.

	Was the Content Relevant to My Work and / or Practice?						Rate the Quality of Each Presentation					
	Not at All		Very Much				Poor		Excellent			
“DATE”												
Presentation title	1	2	3	4	5	6	1	2	3	4	5	6
Speaker name												
Presentation title	1	2	3	4	5	6	1	2	3	4	5	6
Speaker name												
Presentation title	1	2	3	4	5	6	1	2	3	4	5	6
Speaker name												
<i>Please rate your agreement with the following statements based on your experience with this conference.</i>										No	Some	Yes
The activity objectives were met										1	3	4
There was adequate opportunity to ask questions during the activity										1	3	4
The content was free of commercial bias * If No, please state why: _____										1	3	4
The information presented in this educational activity enhanced my current knowledge										1	3	4
The information presented in this educational activity provided new ideas or information I expect to use										1	3	4
The information presented in this educational activity addressed competencies identified by my specialty										1	3	4

Your comments regarding the lectures:

List one thing you intend to change in your practice as a result of the information you received from this activity.

How do you think these changes will affect your patient outcomes?

Please provide general comments regarding this activity and suggest how it might be improved

Suggestions for future topics:
