SAMPLE EVALUATION FORM #1

Topic Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Participant's Name (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EVALUATION TOOL**

We appreciate your help in evaluating this program. Please indicate your rating of the presentation in the categories below by circling the appropriate number, using a scale of 1 (low) through 5 (high). Please fill out both sides of this form:

|  |  |  |  |
| --- | --- | --- | --- |
| **OBJECTIVES** This program met the stated objectives of:  1. Identify three types of neurological complications often found after traumatic brain injury. 2. Identify three types of other traumatic complications often found after traumatic brain injury. 3. List two types of medications to be avoided after traumatic brain injury.  **SPEAKERS** (generally) 1. Knowledgeable in content areas  2. Content consistent with objectives  3. Clarified content in response to questions  **CONTENT** 1. Appropriate for intended audience  2. Consistent with stated objectives  **TEACHING METHODS** 1. Visual aids, handouts, and oral presentations clarified content  2. Teaching methods were appropriate for subject matter | | | 1  2  3  4  5  1  2  3  4  5  1  2  3  4  5    1  2  3  4  5  1  2  3  4  5  1  2  3  4  5    1  2  3  4  5  1  2  3  4  5   1  2  3  4  5  1  2  3  4  5 |
| **FACULTY** | Knowledgeable in  Content area | Content consistent  with objectives | Clarified content in  response to questions |
| Dr. Smith | 1  2  3  4  5 | 1  2  3  4  5 | 1  2  3  4  5 |

**COMMENTS:**

|  |  |
| --- | --- |
| **RELEVANCY**  1. Information could be applied to practice  2. Information could contribute to achieving personal, professional goals | 1  2  3  4  5  1  2  3  4  5 |

|  |  |
| --- | --- |
| **FACILITY**  1. Was adequate and appropriate for session  2. Was comfortable and provided adequate  space | 1  2  3  4  5  1  2  3  4  5 |

|  |  |  |  |
| --- | --- | --- | --- |
| This program enhanced my professional expertise. | \_\_\_\_ Substantially | \_\_\_\_ Somewhat | \_\_\_\_ Not at all |
| I would recommend this program to others. | \_\_\_\_ Yes | \_\_\_\_ No | \_\_\_\_ Not sure |

COMMENTS/PROGRAM IMPROVEMENTS:

I would like (name of APA-approved sponsor) to provide seminars or workshops on the following topics:

**IN GENERAL**  
  
Do you prefer:    \_\_\_\_half-day seminars    \_\_\_\_full-day seminars    \_\_\_multi-day seminars  
  
Do you prefer seminars in:    \_\_\_\_hotels    \_\_\_\_hospital    \_\_\_\_no preference  
  
How much time do you need to respond to a program announcement?  
\_\_\_\_less than 1 month    \_\_\_\_4 to 6 weeks    \_\_\_\_more than 6 weeks  
  
How did you learn about this program?  
\_\_\_\_brochure    \_\_\_\_supervisor    \_\_\_\_colleague    \_\_\_\_other  
  
How far did you travel to attend this program?  
\_\_\_\_0-25 miles    \_\_\_\_25-50 miles    \_\_\_\_50-100 miles    \_\_\_\_over 100 miles

If you would like to comment in person, please feel free to call the Office of Education at [phone number].

**THANK YOU**