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 aftertraumatic brain injury.2. Identify three types of other traumatic complications often found aftertraumatic brain injury.3. List two types of medications to be avoided after traumatic brain injury.**SPEAKERS** (generally)1. Knowledgeable in content areas2. Content consistent with objectives3. Clarified content in response to questions**CONTENT**1. Appropriate for intended audience2. Consistent with stated objectives**TEACHING METHODS**1. Visual aids, handouts, and oral presentations clarified content2. Teaching methods were appropriate for subject matter | 1  2  3  4  51  2  3  4  51  2  3  4  51  2  3  4  51  2  3  4  51  2  3  4  51  2  3  4  51  2  3  4  51  2  3  4  51  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 practice2. Information could contribute to achievingpersonal, professional goals  | 1  2  3  4  51  2  3  4  5  |

|  |  |
| --- | --- |
| **FACILITY**1. Was adequate and appropriate for session2. Was comfortable and provided adequate space  | 1  2  3  4  51  2  3  4  5  |

|  |  |  |  |
| --- | --- | --- | --- |
| This program enhanced myprofessional expertise. | \_\_\_\_ Substantially | \_\_\_\_ Somewhat | \_\_\_\_ Not at all |
| I would recommend thisprogram 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**