

# 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.    | 1 2 3 4 5 |
| 2. Identify three types of other traumatic complications often found after traumatic brain injury. | 1 2 3 4 5 |
| 3. List two types of medications to be avoided after traumatic brain injury.                       | 1 2 3 4 5 |

### SPEAKERS (generally)

- |   |           |
|---|-----------|
| 1. Knowledgeable in content areas             |           |
| 2. Content consistent with objectives         | 1 2 3 4 5 |
| 3. Clarified content in response to questions | 1 2 3 4 5 |
|   | 1 2 3 4 5 |

### CONTENT

- |                                      |           |
|--------------------------------------|-----------|
| 1. Appropriate for intended audience | 1 2 3 4 5 |
| 2. Consistent with stated objectives | 1 2 3 4 5 |

### TEACHING METHODS

- |  |           |
|--|-----------|
| 1. Visual aids, handouts, and oral presentations clarified content | 1 2 3 4 5 |
| 2. Teaching methods were appropriate for subject matter            | 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 1 2 3 4 5
- 2. Information could contribute to achieving personal, professional goals 1 2 3 4 5

**FACILITY**

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

