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 1 2 3 4 5
2. Content consistent with objectives 1 2 3 4 5
3. Clarified content in response to questions 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
<table>
<thead>
<tr>
<th>Knowledgeable in Content area</th>
<th>Content consistent with objectives</th>
<th>Clarified content in response to questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Smith</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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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