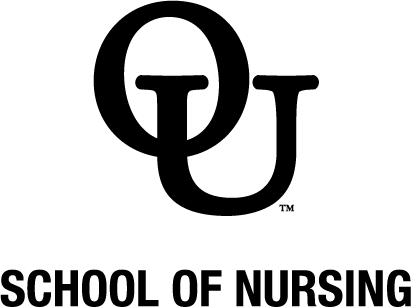
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**EVALUATION FORM  
EDUCATION ACTIVITY TITLE**

**Workshop Title:**

**Date:** **Location:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **C:\Program Files (x86)\Microsoft Office\MEDIA\OFFICE12\Bullets\BD21301_.gifPlease rate each question by placing a in the appropriate box. Rating key: 5 = Strongly agree 4 = Agree 3 = Unsure, no opinion 2 = Disagree 1 = Strongly Disagree** | | | | | | |
| **Question** | **5** | **4** | **3** | **2** | **1** | **Comments** |
| **Course Outcome feedback.** | | | | | | |
| **1. After completing this activity, I agree that the following outcomes were met:** | | | | | | |
| * List your objectives here |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **C:\Program Files (x86)\Microsoft Office\MEDIA\OFFICE12\Bullets\BD21301_.gifPlease rate each question by placing a in the appropriate box. Rating key: 5 = Strongly agree 4 = Agree 3 = Unsure, no opinion 2 = Disagree 1 = Strongly Disagree** | | | | | | |
| **Question** | **5** | **4** | **3** | **2** | **1** | **Comments** |
| **Course Outcome feedback.** | | | | | | |
| **1.(Please list at least 2 things you learned today that you did not know before attending)   After completing this course, I am able to:** | | | | | | |
| **2. What will you change in your current practice after attending this activity? Please explain. If you do not think you will change anything, please explain.** | | | | | | |
| **3. The course/session material was appropriate to my education, experience and/or licensure level.** |  |  |  |  |  |  |
| **4. The course/session material was relevant to my practice.** |  |  |  |  |  |  |
| **5. The course/session material was current.** |  |  |  |  |  |  |
| **6. The course/session material presented the content effectively.** |  |  |  |  |  |  |
| **7. The handout and discussion enhanced the content of the course/session** |  |  |  |  |  |  |
| **8. The outcomes of the activity were met.** |  |  |  |  |  |  |
| **9. Program administration** | | | | | | |
| 1. Course registration was user-friendly |  |  |  |  |  |  |
| 1. Was the technology appropriate to support participant learning? |  |  |  |  |  |  |
| 1. Were your questions or problems addressed effectively and in a timely manner? |  |  |  |  |  |  |
| **10. The instructor(s):** | | | | | | |
| 1. Was/were knowledgeable about the content |  |  |  |  |  |  |
| 1. Presented the subject matter clearly |  |  |  |  |  |  |
| 1. Used the technology effectively |  |  |  |  |  |  |
| **Please rate each question by placing a in the appropriate box. Rating key: 5 = Strongly agree 4 = Agree 3 = Unsure, no opinion 2 = Disagree 1 = Strongly Disagree** | | | | | | |
| **Question** | **5** | **4** | **3** | **2** | **1** | **Comments** |
| **11. The location was suitable.** |  |  |  |  |  |  |
| **12. The facilities were conducive to learning.** |  |  |  |  |  |  |

Other comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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