# **SAMPLE EVALUATION FORM**

**Program Name**

Date / Location

Strongly disagree – 1 Disagree – 2 Neutral – 3 Agree – 4 Strongly agree – 5

# **Program Learning Objectives**

|  |  |
| --- | --- |
| At the end of this symposium, I am able to: |  |
| Compare and contrast… | 1 2 3 4 5 |
| Discuss …. | 1 2 3 4 5 |
| Describe…. | 1 2 3 4 5 |

**Program Content/Learning**

|  |  |
| --- | --- |
| The program was relevant to my practice | 1 2 3 4 5 |
| The program met my expectations and personal learning objectives | 1 2 3 4 5 |
| The program was credible and non-biased | 1 2 3 4 5 |
| The program was well organized | 1 2 3 4 5 |
| The program allowed me to interact with other participants/experts | 1 2 3 4 5 |
| Adequate time for interactions was allocated for the program (25%) | 1 2 3 4 5 |

**Facilitator/Presenters**

|  |  |
| --- | --- |
| Facilitator Name – Talk Title |  |
| Information was presented clearly | 1 2 3 4 5 |
| Managed question period well | 1 2 3 4 5 |
| Facilitated discussion | 1 2 3 4 5 |
| Credible and non-biased | 1 2 3 4 5 |

|  |  |
| --- | --- |
| Presenter Name – Talk Title |  |
| Information was presented clearly | 1 2 3 4 5 |
| Managed question period well | 1 2 3 4 5 |
| Facilitated discussion | 1 2 3 4 5 |
| Credible and non-biased | 1 2 3 4 5 |

**Impact on practice**

Based on what I learned, I will pursue additional learning or make the following changes to my practice:

| 1

# **Learning needs**

What topics would you like to see discussed at next year’s meeting?

# **Additional comments**

1. Describe 2 particularly strong features of this program.
2. How would you improve this program?
3. What changes in your practice are you considering because of this program?
4. If you perceived any sources of commercial bias in the program, please explain:
5. General comments and suggestions.

**Thank you for taking the time to complete this evaluation.**

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