

Evaluation Questionnaire

Sponsoring Organization _____

Program Name _____

Program Date(s) _____

In order to serve you more effectively, we ask that you take a few minutes to complete This form and return it to the registration desk at the end of the program. **Your feedback is very important to us and evaluation is a requirement of the CEU program.**

Please rate our speaker by circling (5 excellent; 4 very good; 3 good; 2 fair; 1 poor)

Delivery: 5 4 3 2 1 **Content:** 5 4 3 2 1 **Relevance:** 5 4 3 2 1

Comments: _____

1. Please rate the following by circling (5 met stated objectives; 4 somewhat met Objectives; 3-did not meet objectives)

To what extent were the program objectives met? 5 4 3

Comments: _____

2. Please rate the following by circling (5-very helpful; 4-helpful; 3-somewhat helpful; 2-not helpful)

How helpful will this information be to your area of practice? 5 4 3 2

Comments: _____

3. What topics or speakers do you suggest for future programs?

4. Program Highlights Rating (Rate 5 excellent; 4 very good; 3 good; 2 fair; 1 poor)

Handling of Registration ____

Plenary Session ____

Keynote Address ____

Selection of Workshops/Sessions ____

Program Organization ____

Quality of Audio/Visuals ____

Luncheon/ Dinner Speaker ____

Quality of Handouts ____

Quality of Program as a Whole ____

Accommodations facilitated learning ____

CEU Coordination ____

Thank you for your cooperation!