***EVALUATION FORM***

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| **CE Program Title** |  |
| **Sponsoring organization** |  |
| **Date** |  |

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| **INSTRUCTION** | **Strongly Disagree**  **(1)** | **Disagree**  **(2)** | **Neither Agree nor Disagree**  **(3)** | **Agree**  **(4)** | **Strongly Agree**  **(5)** |
| 1. The program objectives were met: |  |  |  |  |  |
| A. |  |  |  |  |  |
| B. |  |  |  |  |  |
| C. |  |  |  |  |  |
| 2. Accuracy and utility of content were discussed |  |  |  |  |  |
| 3. Content was appropriate for postdoctoral level training |  |  |  |  |  |
| 4. Instruction at a level appropriate to postdoctoral level training |  |  |  |  |  |
| 5. Teaching methods were effective |  |  |  |  |  |
| 6. Visual aids, handouts, and oral presentations clarified content |  |  |  |  |  |

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| **Instructor:** | **Strongly Disagree**  **(1)** | **Disagree**  **(2)** | **Neither Agree nor Disagree**  **(3)** | **Agree**  **(4)** | **Strongly Agree**  **(5)** |
| 7. Knew the subject matter |  |  |  |  |  |
| 8. Presented content effectively (e.g., promoted deep reasoning and learning; included a consideration of obstacles or anomalies) |  |  |  |  |  |
| 9. Elaborated upon the stated objectives. |  |  |  |  |  |
| 10. Maintained my interest |  |  |  |  |  |
| 11. Answered questions effectively |  |  |  |  |  |
| 12. Was responsive to questions, comments, and opinions |  |  |  |  |  |
| 13. Was responsive to questions, comments, and opinions |  |  |  |  |  |

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| **Professional and Ethical Issues** | **YES** | **NO** |
| 14. Presenter made clearly evident, prior to registration, the following: |
| a. Requirements for successful completion of activity |  |  |
| b. Commercial support for CE program, sponsor, or instructor (or any other relationship that could reasonably be construed as a conflict of interest) |  |  |
| c. Commercial support for content of instruction (e.g., research grants funding research findings etc.) that could be construed as a conflict of interest |  |  |
| d. Commercial support or benefit for endorsement of products (e.g., books, training, drugs, etc.) |  |  |
| e. Accuracy and utility of the materials presented, the basis of such statements, the limitations of the content being taught and the severe and most common risks |  |  |

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| **Venue, Setting, etc.** | **Strongly Disagree**  **(1)** | **Disagree**  **(2)** | **Neither Agree nor Disagree**  **(3)** | **Agree**  **(4)** | **Strongly Agree**  **(5)** |
| 15. Facility was adequate for my needs |  |  |  |  |  |
| 16. Special needs were met |  |  |  |  |  |
| 17. Facility was comfortable and accessible |  |  |  |  |  |
| 18. Food and beverage were adequate (if applicable) |  |  |  |  |  |
| 19. Program brochure was informative and accurate |  |  |  |  |  |

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| **Learning** | **Strongly Disagree**  **(1)** | **Disagree**  **(2)** | **Neither Agree nor Disagree**  **(3)** | **Agree**  **(4)** | **Strongly Agree**  **(5)** |
| 20. Information could be applied to my practice or other work context. |  |  |  |  |  |
| 21. Information contributes to achieving personal or professional goals. |  |  |  |  |  |
| 22. Issues of diversity were addressed. |  |  |  |  |  |
| 23. How much did you learn as a result of this CE program? | Very Little | Little | Some | A Good bit | A Great deal |
| 24. How useful was the content of this CE program for your practice or other professional development? | Not useful | A little useful | Somewhat useful | A good deal useful | Extremely useful |
| 25. This program enhanced my professional expertise | Yes | No |  |  |  |
| 26. I would recommend this program to others | Yes | No |  |  |  |
| 27. Teaching methods and tools focused on how to apply program content to my practice/work environment. |  |  |  |  |  |
| 28. Learning was enhanced through a variety of media utilizing auditory, visual, and multimedia |  |  |  |  |  |
| 29. The presentation facilitated the integration and synthesis of information |  |  |  |  |  |

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| **Participant Information** | |
| Please note your profession and status (check all that apply) | Psychologist Medical Professional Masters Level Licensed Therapist  Administrator University Faculty Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Please note years in your profession | Student 1-5 6-10 11-20 20+ |

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| **Narrative** | |
| What could have been improved? |  |
| How will this information change your practice? |  |
| What topics or presenters would you like to see at future CE presentations? |  |

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| **First and last name** |  |
| **Email address** |  |