

CONTINUING EDUCATION EVALUATION

Title of Offering: _____

Speaker: _____

Date: _____ Program Location: _____

PLEASE RATE THE FOLLOWING, CIRCLE THE APPROPRIATE COLUMN

TO WHAT EXTENT	Great Extent	Some Extent	Very Little	Not at all	N/A
Was the speaker for this session knowledgeable, organized and effective in presentation?	4	3	2	1	0
Have you gained knowledge from this session which will help you work?	4	3	2	1	0
Did the content relate to the educational session objectives?	4	3	2	1	0
Were the teaching methods and aids appropriate and used effectively?	4	3	2	1	0
Were the facilities conducive to learning?	4	3	2	1	0
Was the overall quality of instruction rated positively?	4	3	2	1	0

ADDITIONAL COMMENTS:

SUGGESTIONS FOR FURTHER PROGRAMS\

Thank you for completing this survey. Your comments will help us improve and serve you better.