

EVALUATION TEMPLATE

Program Code: _____

Title: _____

Presenter(s): _____

Date of Activity: _____

Institution: _____

Department: _____

Dear Colleague: We strive to deliver quality programs that meet your educational needs. Your feedback will be taken into consideration when planning CME events in the future. Please return your completed evaluation form to the registration desk as you leave.

Learning Objectives – The following learning objectives were met. Please circle your response

5 - Strongly Agree	4 – Agree	3 – Somewhat Agree	2 - Disagree	1 - Strongly Disagree
<i><Insert Objectives Here></i>				
				5 4 3 2 1
				5 4 3 2 1
				5 4 3 2 1
				5 4 3 2 1

Please rate the content and quality of the speaker’s presentation. Please circle your response.

5 - Excellent	4 – Above Average	3 - Average	2 - Fair	1 - Poor
<i><Insert Topic Here></i>			CONTENT	SPEAKER
			5 4 3 2 1	5 4 3 2 1

Were the speaker’s commercial relationships and types of relationships disclosed to the audience (*either by announcement, distribution, slide or listed in the front of the syllabus*) prior to the beginning of the activity? Alternatively, if the speaker(s) had no relationships to disclose was the audience informed prior to the activity?
 Yes No

If a conflict of interest was identified, was the method of resolution disclosed to the audience?
 Yes No

CME activities are required to be evidence based and bias free. Do you feel the presentation was balanced and free from commercial bias?
 Yes No

If no, please explain;

Continued on Opposite Side →

Will information obtained from this activity alter your practice/procedure? Yes No Somewhat

Will you develop mechanisms to influence behavior changes in your patients? If yes, please explain
Print clearly:

List two things you will do differently in your practice as a result of this activity.

Is there a performance or quality gap that can be addressed for you in a future program?

What additional topics would you like us to cover in future programs?

List one **new** fact or concept learned from this activity.

Please rate the **audiovisuals**.

Excellent Satisfactory Poor

Please rate the **facility**.

Excellent Satisfactory Poor

How did you find out about this program?

Comments:

Thank you.

Rev. May 2013