

## Activity evaluation for Sample educational session

Please fill in the following form to help us improve our future educational activities. Click the  button to receive your certificate of continuing education credit or attendance.

Please rate the following aspects of this educational activity on a descending scale where 5 = excellent to 1 = poor.

	Rating	5	4	3	2	1
Overall quality of the educational activity:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effectiveness of teaching strategy employed:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relevance of the educational activity to your practice:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of the materials used in the activity:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Helpfulness of the presented information:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contributed to my knowledge, skills, and attitude to enhance the delivery of patient care:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The intended result of this activity is improvement in competence, performance, and client care. Please rate the effectiveness of this activity to fulfill these learning objectives and achieve the intended result on a descending scale where 5 = excellent to 1 = poor.

Learning Objective	5	4	3	2	1
Sample educational learning objective #1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sample educational learning objective #2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sample educational learning objective #3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please rate the presenter for this educational activity on a descending scale where 5 = excellent to 1 = poor.

### Multiple

Faculty Evaluation	5	4	3	2	1
Presentation Style:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organization and Clarity:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Expertise:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relevance to objectives:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please answer the following questions as they relate to this educational activity.

Based on your previous knowledge and experience, the level of this activity was:  Too basic  Appropriate  Too complex

Do you feel that the activity was objective, balanced, and free of commercial bias?  Yes  No

If no, why not?

Did the presenter(s) make a disclosure statement during the activity?  Yes  No

Was the activity supported by scientifically-rigorous or evidence-based data?  Yes  No

Did this activity meet your educational needs?  Yes  No

If no, why not?

Please rate how much you agree that this educational activity has contributed to your professional effectiveness and ability to execute the following, using a descending scale where 5 = strongly agree to 1 = strongly disagree:

Improvement Area	5	4	3	2	1
Treat and/or manage my clients:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicate with clients:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Manage my practice:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

After completing this activity, do you anticipate changing any of your client care practices?  Yes  No

If you answered "yes," what do you anticipate changing; or, how will you integrate what you learned into practice?

Do you see any barriers to implementing these changes?  Yes  No

If you answer "yes," please rate these barriers:

	Major Barrier				Little or No Barrier
	5	4	3	2	1
Organization:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Current policy/procedure:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technology:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Research:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other: (please list) <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you think this session should be repeated at future conferences?  Yes  No

Based on my educational needs, I would like to see the following topics addressed in future educational activities:

Comments or suggestions for improvement:

Proceed