



OMB Number: 0915-0212. Expiration date: 07/21/2021.

Program evaluation for Sample Evaluation Form

Please fill in the following form to help us improve our educational activities.

Public Burden Statement: To help us plan for future conferences, please let us know about your overall experience by completing this brief conference evaluation. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0915-0212 and it is valid until 07/21/2021. This information collection is voluntary. Public reporting burden for this collection of information is estimated to average 0.05 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

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:

Teaching strategy employed:

Relevance of the educational activity to your work:

Quality of the materials used in the activity:

Helpfulness of the information presented:

Contributed to my knowledge, skills, and abilities to enhance the delivery of client care:

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 outcomes and achieve the intended result on a descending scale where 5 = excellent to 1 = poor.

Learning Outcome 5 4 3 2 1

EXAMPLE OUTCOME 1

EXAMPLE OUTCOME 2

EXAMPLE OUTCOME 3

Please rate presenters for this educational activity using a descending scale where 5 = excellent to 1 = poor.

EXAMPLE SPEAKER 1

Evaluation Area 5 4 3 2 1

Presentation Style:

Organization and Clarity:

Expertise:

Relevance to Outcomes:

EXAMPLE SPEAKER 2

Evaluation Area 5 4 3 2 1

Presentation Style:

Organization and Clarity:

Expertise:

Relevance to Outcomes:

EXAMPLE SPEAKER 3

	Evaluation Area	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 Outcomes:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please answer the following questions as they relate to the 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

Was disclosure (financial relationships, unapproved or unlabeled use of drugs or products) made available to you during the activity?

Yes
 No

Was the activity supported by scientifically-rigorous or evidence-based data?

Yes
 No

Did the activity meet your educational needs?

Yes
 No

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"/>
Communicate with clients:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Manage my clinical practice and/or program:	<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 and/or program?

Yes
 No

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

Comments or suggestions for improvement:

Enter optional response in this area

AffinityCE is providing the Continuing Medical Education (CME) and Continuing Education Unit services during the 2020 National Ryan White Conference on Care and Treatment. AffinityCE, a Woman-Owned Small Business (WOSB), is a full-service, accredited CME company providing education and training for more than 35 health professions.