

## Program evaluation for Sample Evaluation Form

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

Public Burden Statement: 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 project is 0915-0212. 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.

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"/>
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 work:		<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 information presented:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contributed to my knowledge, skills, and abilities to enhance the delivery of client 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 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
EXAMPLE OUTCOME 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
EXAMPLE OUTCOME 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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:	<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"/>

EXAMPLE SPEAKER 2

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"/>

EXAMPLE SPEAKER 3

**Evaluation Area**    **5**    **4**    **3**    **2**    **1**

- Presentation Style:  5  4  3  2  1
- Organization and Clarity:  5  4  3  2  1
- Expertise:  5  4  3  2  1
- Relevance to Outcomes:  5  4  3  2  1

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

If no, why not?

Enter optional response in this area

- 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

If no, why not?

Enter optional response in this area

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:  5  4  3  2  1
- Communicate with clients:  5  4  3  2  1
- Manage my clinical practice and/or program:  5  4  3  2  1

- After completing this activity, do you anticipate changing any of your client care practices and/or program?
- Yes
  - No

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

Enter optional response in this area

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

If you answer yes, please rate these barriers using a descending scale where 5 = major barrier to 1 = little or no barrier:

	<b>Barrier</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
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"/>
Clinical research:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other: (please list)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Enter "other" response here

Comments or suggestions for improvement:

Enter optional response in this area