

Program evaluation for Sample Evaluation Form

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

Please rate the following aspects of this educatio	nal activity on a descending	scale where 5 = excellent to 1 :
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DOOT.						atina	, E	4	2	2	1
						Rating			3		1
	0	verall qu	uality of th	ne edu	catior	nal ac	ctivity	. 0			
			Teachin	g strat	egy e	emplo	yed:	\circ	\circ	\circ	\circ
	ORelevan	nce of th	ne educati	ional a	ctivity	to y	our w	ork:	\circ	\circ	\circ
	0 0	Qua	ality of the	e mate	erials	used	in the	e acti	vity:	\circ	\bigcirc
	0 0	\circ	Helpfu	Iness o	of the	infor	matic	n pre	esent	ed: 🤇	
								\circ	\circ	\circ	\circ
Contributed to my knowledge, skills, and	abilities to e	enhance	the deliv	ery of	client	care	:: 0	0	0	0	0
The intended result of this activity is improve effectiveness of this activity to fulfill these leawhere $5 = \text{excellent to } 1 = \text{poor.}$	ment in con erning outco	npetenc mes and	e, perforn d achieve	nance, the int	and tende	client d res	care ult or	. Plea 1 a de	se ra escen	te th ding	e scale
			ı	Learnii	ng Oı	itcom	ne 5	4	3	2	1
			EXA	AMPLE	OUT	COME	10	\circ	\circ	\circ	\circ
			EXA	AMPLE	OUT	СОМІ	E 2 C) (0)
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Please rate presenters for this educational a	activity usin	g a des	cending s	cale w	here	5 = 6	excell	lent t	:o 1 =	poo =	r.
EXAMPLE SPEAKER 1				Eval	luatio	n Are	ea 5	4	3	2	1
				Preser	ntatio	n Sty	le:) () (
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EXAMPLE SPEAKER 2				Eval	luatio	on Ar	ea5	4	3	2	1
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EXAMPLE SPEAKER 3			Evaluation Area5 4 3 2 1									
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			\circ	Relev	ance t	o Out	comes	s: O	\circ	\circ		
									\circ	0		
Please answer the following questions as they relate to	the	educati	onal a	ctivity.								
Based on your previous knowledge and experience, the level of this activity was:	0	Too bas Approp Too cor	riate									
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 ne	-	? Yes No	;									
Please rate how much you agree that this educational effectiveness and ability to exe- cute the following, usi strongly disagree:									ee to	1 =		
			Ir	nprove	ment	Area	5	4	3	2		
								1 Tre	eat and	d/or		
			man	age my	client	s: O	0	0	0	0		
		Con	nmunic	cate with	n clien	ts: O	\circ	\circ	\circ	0		
Manage m	ny cli	nical pra	actice	and/or	progra	m: O	0	0	0	0		
After completing this activity, do you anticipate changing any of your client care practices and/or program?	_	Yes No										

Comm	nents or suggestions for improvement:	
	Enter optional response in this area	
		/.

Do you see any barriers to implementing these changes? Yes

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.

No