**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 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:      Organization and Clarity:     

Expertise:      Relevance to Outcomes:     

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 exe- cute 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:      Communicate with clients:     

Manage my clinical practice and/or program:     

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

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