

Participant Program Evaluation Form

{Insert Description/Date(s) of Activity}

Please take the necessary time to respond to each item on this evaluation form. Your candid and complete responses are important so that we can better meet your learning needs.

A. Check the box that rates your ability to meet objectives *BEFORE* and *AFTER* the activity:

Please rate your ability to:	BEFORE you participated:					AFTER you participated:				
	Poor (less than 59% able)	Average (60-69% able)	Good (70-79% able)	Great (80-89% able)	Excellent (90-100% able)	Poor (less than 59% able)	Average (60-69% able)	Good (70-79% able)	Great (80-89% able)	Excellent (90-100% able)
1. {Insert Objective}	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
2. {Insert Objective}	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
3. {Insert Objective}	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
4. {Insert Objective}	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
5. {Insert Objective}	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Remove unnecessary rows.

B. Circle the number that indicates your level of agreement with the following statements:

	Strongly Disagree					Strongly Agree				
1. The stated objectives were achieved.	1	2	3	4	5					
2. The mode of delivery for this activity was conducive to {insert "learning" or "productivity"}.	1	2	3	4	5					
3. The technology used to deliver the activity was conducive to learning/productivity.	1	2	3	4	5					
4. The materials were effective.	1	2	3	4	5					
5. The activity was relevant to my work.	1	2	3	4	5					
6. Overall I am satisfied with the activity.	1	2	3	4	5					
7. The activity was objective, science-based, and free of commercial bias.	1	2	3	4	5					

Remove if unnecessary for CEU

C (Optional). Check the box that rates the faculty (presenters/facilitators):

Faculty 1: {insert name}	Poor	Average	Good	Great	Excellent
1. Expertise in topic area(s).	☐	☐	☐	☐	☐
2. Effectiveness of teaching/facilitation strategies.	☐	☐	☐	☐	☐

Faculty 2: {insert name}	Poor	Average	Good	Great	Excellent
1. Expertise in topic area(s).	☐	☐	☐	☐	☐
2. Effectiveness of teaching/facilitation strategies.	☐	☐	☐	☐	☐

D. Please write your responses to the following questions:

1. As a result of participating in this activity, what do you intend to do or do differently in your work? Examples may include (*check all that apply*).

	Yes	No	Maybe	N/A
{Insert potential action item}	☐	☐	☐	☐
{Insert potential action item}	☐	☐	☐	☐
{Insert potential action item}	☐	☐	☐	☐
{Insert potential action item}	☐	☐	☐	☐
{Insert potential action item}	☐	☐	☐	☐
{Insert potential action item}	☐	☐	☐	☐
{Insert potential action item}	☐	☐	☐	☐
{Insert potential action item}	☐	☐	☐	☐
{Insert potential action item}	☐	☐	☐	☐
Other (please describe):				

[Remove unnecessary rows.](#)

2. How could this activity be changed, modified, or improved? Please include comments about what additional information or support you would find helpful.

Public Burden Statement: The purpose of this collection is to assist with preparing for, and evaluating the reach and effectiveness of, select meetings and workshops conducted by HRSA’s Office of Intergovernmental and External Affairs. 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 0906-0104 and it is valid until 11/30/2027. This information collection is voluntary. Data will be private to the extent permitted by the law. Public reporting burden for this collection of information is estimated to average 3.33 minutes 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 Information Collection Clearance Officer, 5600 Fishers Lane, Room 14NWH04, Rockville, Maryland, 20857 or paperwork@hrsa.gov. Please see <https://www.hrsa.gov/about/508-resources> for the HRSA digital accessibility statement.