**EVALUATION FORM**

**[*Title of Activity*]**

 **[*Date of activity*]**

**Please respond to the following items on a scale from 5 (highest) to 1 (lowest).**

|  |
| --- |
| **The learning outcome(s) is:** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **[*Insert Presenter Name and Session Title*]** | **5** | **4** | **3** | **2** | **1** |
| **How well did you achieve the objectives of this activity?** |  |  |  |  |  |
| 1. [*State objective here*] |  |  |  |  |  |
| 2. [*State objective here*] |  |  |  |  |  |
| 3. [*State objective here*] |  |  |  |  |  |
| The presenter demonstrated expertise on the content he/she presented.  |  |  |  |  |  |
| The teaching strategies for the session were appropriate. |  |  |  |  |  |
| The objectives were relative to the overall purpose of the program. |  |  |  |  |  |
| My practice will change after having participated in this activity. |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| The presentation was free from bias due to conflict of interest, commercial support or sponsorship and product endorsement. | **YES** | **NO, please explain** |
|  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **[Insert Presenter Name and Session Title]** | **5** | **4** | **3** | **2** | **1** |
| **How well did you achieve the objectives of this activity?** |  |  |  |  |  |
| 1. [*State objective here*] |  |  |  |  |  |
| 2. [*State objective here*] |  |  |  |  |  |
| 3. [*State objective here*] |  |  |  |  |  |
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| --- | --- | --- |
| The presentation was free from bias due to conflict of interest, commercial support or sponsorship and product endorsement. | **YES** | **NO, please explain** |
|  |  |

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| --- | --- | --- | --- | --- | --- |
| **[Insert Presenter Name and Session Title]** | **5** | **4** | **3** | **2** | **1** |
| **How well did you achieve the objectives of this activity?** |  |  |  |  |  |
| 1. [*State objective here*] |  |  |  |  |  |
| 2. [*State objective here*] |  |  |  |  |  |
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| --- | --- | --- |
| The presentation was free from bias due to conflict of interest, commercial support or sponsorship and product endorsement. | **YES** | **NO, please explain** |
|  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **[Insert Presenter Name and Session Title]** | **5** | **4** | **3** | **2** | **1** |
| **How well did you achieve the objectives of this activity?** |  |  |  |  |  |
| 1. [*State objective here*] |  |  |  |  |  |
| 2. [*State objective here*] |  |  |  |  |  |
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| The presentation was free from bias due to conflict of interest, commercial support or sponsorship and product endorsement. | **YES** | **NO, please explain** |
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| --- | --- | --- | --- | --- | --- |
| **[Insert Presenter Name and Session Title]** | **5** | **4** | **3** | **2** | **1** |
| **How well did you achieve the objectives of this activity?** |  |  |  |  |  |
| 1. [*State objective here*] |  |  |  |  |  |
| 2. [*State objective here*] |  |  |  |  |  |
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| --- | --- | --- |
| The presentation was free from bias due to conflict of interest, commercial support or sponsorship and product endorsement. | **YES** | **NO, please explain** |
|  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **[Insert Presenter Name and Session Title]** | **5** | **4** | **3** | **2** | **1** |
| **How well did you achieve the objectives of this activity?** |  |  |  |  |  |
| 1. [*State objective here*] |  |  |  |  |  |
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| The presentation was free from bias due to conflict of interest, commercial support or sponsorship and product endorsement. | **YES** | **NO, please explain** |
|  |  |

**Additional Comments or Suggestions**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Note:** The items above represent the minimum required evaluation content. You may add any additional items you wish, such as space for suggestions for future educational activities, etc.