

SAMPLE EVALUATION FORM #1

Topic Title: _____
Participant's Name (optional): _____

EVALUATION TOOL

We appreciate your help in evaluating this program. Please indicate your rating of the presentation in the categories below by circling the appropriate number, using a scale of 1 (low) through 5 (high). Please fill out both sides of this form:

OBJECTIVES

This program met the stated objectives of:

1. Identify three types of neurological complications often found after traumatic brain injury.
2. Identify three types of other traumatic complications often found after traumatic brain injury.
3. List two types of medications to be avoided after traumatic brain injury.

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

SPEAKERS (generally)

1. Knowledgeable in content areas
2. Content consistent with objectives
3. Clarified content in response to questions

1 2 3 4 5

1 2 3 4 5

CONTENT

1. Appropriate for intended audience
2. Consistent with stated objectives

1 2 3 4 5

TEACHING METHODS

1. Visual aids, handouts, and oral presentations clarified content
2. Teaching methods were appropriate for subject matter

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

FACULTY

Knowledgeable in
Content area

Content consistent
with objectives

Clarified content in
response to questions

Dr. Smith

1 2 3 4 5

1 2 3 4 5

1 2 3 4 5

COMMENTS:

RELEVANCY

- 1. Information could be applied to practice 1 2 3 4 5
- 2. Information could contribute to achieving personal, professional goals 1 2 3 4 5

FACILITY

- 1. Was adequate and appropriate for session 1 2 3 4 5
- 2. Was comfortable and provided adequate space 1 2 3 4 5

This program enhanced my professional expertise. Substantially Somewhat Not at all

I would recommend this program to others. Yes No Not sure

COMMENTS/PROGRAM IMPROVEMENTS:

I would like (name of APA-approved sponsor) to provide seminars or workshops on the following topics:

IN GENERAL

Do you prefer: half-day seminars full-day seminars multi-day seminars

Do you prefer seminars in: hotels hospital no preference

How much time do you need to respond to a program announcement?
 less than 1 month 4 to 6 weeks more than 6 weeks

How did you learn about this program?
 brochure supervisor colleague other

How far did you travel to attend this program?
 0-25 miles 25-50 miles 50-100 miles over 100 miles

If you would like to comment in person, please feel free to call the Office of Education at [phone number].

THANK YOU

SAMPLE EVALUATION FORM #2

Workshop Evaluation

A. Course Design (Circle the number to indicate your level of agreement/disagreement with each of the aspects of course design.)

- | | | Strongly agree | | | Strongly disagree | |
|----|---|----------------|---|---|-------------------|---|
| | | 1 | 2 | 3 | 4 | 5 |
| 1. | The program content met my needs.
5 | | | | | |
| 2. | Length of the course was adequate | 1 | 2 | 3 | 4 | 5 |
| 3. | What did you like most about the course? | | | | | |
| 4. | What specific things did you like least about the course? | | | | | |
| 5. | If the course was repeated, what should be left out or changed? | | | | | |

B. Course objectives (Circle the number to indicate your level of agreement/disagreement with the degree to which course objectives were met.)

- | | | Strongly agree | | | Strongly disagree | |
|----|---|----------------|---|---|-------------------|---|
| | | 1 | 2 | 3 | 4 | 5 |
| 1. | Understanding of prevalence and diversity of mental health problems among the elderly | | | | | |
| 2. | Skills development in the area of and group therapy | 1 | 2 | 3 | 4 | 5 |
| 3. | Increases knowledge in the area and of documentation | 1 | 2 | 3 | 4 | 5 |
| 4. | Awareness of available psychological and assessment tools | 1 | 2 | 3 | 4 | 5 |
| 5. | Information on expected standard and for clinical contributions | 1 | 2 | 3 | 4 | 5 |

6.	Knowledgeable of responsibilities of and Area and District Managers	1	2	3	4	5
7.	Knowledge of credentialing and and scoring	1	2	3	4	5
8.	Increases knowledge of policy issues and	1	2	3	4	5

C. Evaluation of each faculty member in stated area:

		Strongly agree			Strongly disagree	
1.	Content was presented in an organized	1	2	3	4	5
2.	Content was presented clearly and effectively	1	2	3	4	5
3.	Was responsive to questions/comments	1	2	3	4	5
4.	Teaching aids/audiovisuals were used effectively	1	2	3	4	5
5.	Teaching style was effective	1	2	3	4	5
6.	Content met stated objectives	1	2	3	4	5
7.	Content presented was applicable to my practice	1	2	3	4	5

D. As a result of attending this course, I see the value to me in the following ways (check all that apply):

- I gained one or more specific ideas that I can implement in my area of practice.
- I learned a new approach to my practice.
- It may help me do a better job.
- I do not see the impact of this course on my job.
- Other

E. By attending this course, I believe (check all that apply):

- I was able to update my skills.
- I acquired new and/or advanced skills.
- I have better knowledge upon which to base my decisions/actions in the practice setting.
- I am reconsidering my views toward the topic(s) presented.
- The topic presented was appropriate, but I am undecided as to my own views.
- Other

E. Facilities/Arrangements (Circle the appropriate number to indicate your level of satisfaction or circle NA if the item is not applicable to you.)

	Unsatisfactory			Satisfactory		
1. Lodging	1	2	3	4	5	NA
2. Food Services	1	2	3	4	5	NA
3. Meeting rooms and facilities	1	2	3	4	5	NA
4. Restrooms	1	2	3	4	5	NA
5. Day of week	1	2	3	4	5	NA
6. Time of day	1	2	3	4	5	NA
7. Location	1	2	3	4	5	NA

Comments:

Overall I would rate this workshop as:

Excellent

Good

Average

Poor

Other learning needs: (List any other topics you would be interested in for the future)

SAMPLE EVALUATION FORM #3

In order to continue to improve the quality of educational programming, the Department of Psychiatry, would appreciate you taking a few minutes of your time to complete this evaluation. Your comments and suggestion will help us to plan future lectures to meet your educational needs.

SESSION TITLE: _____

SESSION DATE: _____

PRESENTER: _____

- 1. Please rate the degree to which the following objectives of this series/lecture were met (5=Completely; 4=to a high degree; 3=moderately; 2=minimally; 1=not at all)**

Upon completion of this program, I will be able to:

Conceptualize cases from the point of view of a cognitive therapist 5_____ 4_____

3_____ 2_____ 1_____

Understand a range of techniques that could be applied in _____ 5_____ 4

_____ 3_____ 2_____ 1_____

each situation

For questions below: 5=Strongly Agree; 4=Agree; 3=Neutral; 2=Disagree; 1=Strongly Disagree

- 2. I acquired new skills or knowledge in relation to topic discussed** 5_____ 4_____
- 3_____ 2_____ 1_____

- 3. The Lecture description was accurate** 5_____
- 4_____ 3_____ 2_____ 1_____

- 4. The teaching format/length was suitable to content** 5_____
- 4_____ 3_____ 2_____ 1_____

- 5. The teaching level was appropriate to audience** 5_____ 4
- _____ 3_____ 2_____ 1_____

- 6. The quality of the facilities was adequate for learning** 5_____ 4
- _____ 3_____ 2_____ 1_____

- 7. Presenter for this session:**

		<u>Excellent</u>		<u>Good</u>
		<u>Fair</u>	<u>Poor</u>	
Expressed ideas clearly	4	3	2	1
Presented useful examples	4	3	2	1
Thoroughness of content	4	3	2	1
Speaking/teaching ability	4	3	2	1

Effectiveness of audiovisual aids	4	3	2	1	
Responsiveness to questions	4	3	2	1	
Handouts		4	3	2	1

8. Where did you learn about this Lecture?

Printed brochure _____ Colleague _____ Website _____
 _____ Other: _____

9. Suggestions for future topics, as well as comments on how this program could be improved to better suit your educational needs are always welcomed.
