



STANDARD E: Sample Evaluation Form

Please complete for your specific programming

CE Program Title

Sponsoring organization

Date

Instruction	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1. The program objectives were met.					
A. Objective #1 (Write out specific objective)	1	2	3	4	5
B. Objective #2 (Write out specific objective)	1	2	3	4	5
C. Objective #3 etc. (Write out specific objective)	1	2	3	4	5
2. Accuracy and utility of content were discussed	1	2	3	4	5
3. Content was appropriate for postdoctoral level training	1	2	3	4	5
4. Instruction at a level appropriate to postdoctoral level training	1	2	3	4	5
5. Teaching methods were effective	1	2	3	4	5
6. Visual aids, handouts, and oral presentations clarified content	1	2	3	4	5

Instructor 1: Name: _____	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
7. Knew the subject matter	1	2	3	4	5
8. Presented content effectively (e.g., promoted deep reasoning and learning; included a consideration of obstacles or anomalies)	1	2	3	4	5
9. Elaborated upon the stated objectives	1	2	3	4	5
10. Maintained my interest	1	2	3	4	5
11. Answered questions effectively	1	2	3	4	5
12. Was responsive to questions, comments, and opinions	1	2	3	4	5
13. Provided a variety of applied examples (e.g., case presentations)	1	2	3	4	5

Instructor 2: Name: _____	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
14. Knew the subject matter	1	2	3	4	5
15. Presented content effectively (e.g., promoted deep reasoning and learning. Included a consideration of obstacles or anomalies)	1	2	3	4	5
16. Elaborated upon the stated objectives	1	2	3	4	5
17. Maintained my interest	1	2	3	4	5
18. Answered questions effectively	1	2	3	4	5
19. Was responsive to questions, comments, and opinions	1	2	3	4	5
20. Provided a variety of applied examples (e.g., case presentations)	1	2	3	4	5



Professional & Ethical Issues			
21. Presenter (or program chair, etc.) made clearly evident, prior to registration, the following:			
a. Requirements for successful completion of activity		Yes	No
b. Commercial support for CE program, sponsor, or instructor (or any other relationship that could reasonably be construed as a conflict of interest)		Yes	No
c. Commercial support for content of instruction (e.g., research grants funding research findings etc.) that could be construed as a conflict of interest		Yes	No
d. Commercial support or benefit for endorsement of products (e.g., books, training, drugs, etc.)		Yes	No
e. Accuracy and utility of the materials presented, the basis of such statements, the limitations of the content being taught and the severe and most common risks		Yes	No

Venue, Setting, etc.	Strongly Disagree	Disagree	Does Not Apply	Agree	Strongly Agree
22. Facility was adequate for my needs	1	2	3	4	5
23. Special needs were met	1	2	3	4	5
24. Facility was comfortable and accessible	1	2	3	4	5
25. Food and beverage were adequate (if applicable)	1	2	3	4	5
26. Program brochure was informative and accurate	1	2	3	4	5

Learning	Strongly Disagree	Disagree	Does Not Apply	Agree	Strongly Agree
27. Information could be applied to my practice or other work context.	1	2	3	4	5
28. Information contributes to achieving personal or professional goals.	1	2	3	4	5
29. Issues of diversity were addressed.	1	2	3	4	5
30. How much did you learn as a result of this CE program?	Very Little	Little	Some	A Good Bit	A Great Deal
31. How useful was the content of this CE program for your practice or other professional development?	Not Useful	A Little Useful	Some what Useful	A Good Deal Useful	Extremely Useful
32. This program enhanced my professional expertise	Yes	No			
33. I would recommend this program to others	Yes	No			
34. Teaching methods and tools focused on how to apply program content to my practice/work environment.					
35. Learning was enhanced through a variety of media utilizing auditory, visual, and multimedia formats					
36. The presentation facilitated the integration and synthesis of information					

Participant Information						
37. Please note your profession and status (Check all that apply)	<input type="checkbox"/> Psychologist	<input type="checkbox"/> Medical Professional	<input type="checkbox"/> Masters Level Licensed Therapist	<input type="checkbox"/> Social Worker	<input type="checkbox"/> Student	
	<input type="checkbox"/> Administrator	<input type="checkbox"/> University Faculty	<input type="checkbox"/> Other: _____	list profession		
38. Please note years in your profession	<input type="checkbox"/> Student	<input type="checkbox"/> 1-5	<input type="checkbox"/> 6-10	<input type="checkbox"/> 11-20	<input type="checkbox"/> 20+	

Narrative

39. What was your overall impression of the activity? What went well? What could have been improved?

40. What did you learn that was new or different? How and/or will this information change how you practice?

41. What topics or presenters would you like to see at future CE presentations?

42. Other comments

Please use another sheet of paper if you wish to expand on your observations

FOR DRAFT USE ONLY