



Sample Program Evaluation Form

_____ Chapter of the IADD
(Program Title, Dates, Location)

Instructions: Circle your response to evaluate this program.

	1=Poor	2=Fair	3=Good	4=Excellent	
Quality of program as a whole			1	2	3 4 n/a
Subject matter's usefulness			1	2	3 4 n/a
Presenter's knowledge/expertise on subject matter			1	2	3 4 n/a
Quality of visual aids/instructional materials			1	2	3 4 n/a
Quality of written materials			1	2	3 4 n/a
Breakout discussion usefulness			1	2	3 4 n/a
Appropriateness of program length			1	2	3 4 n/a
Appropriateness of arrangements and site			1	2	3 4 n/a
Appropriateness of room set-up			1	2	3 4 n/a
Quality of food and beverage			1	2	3 4 n/a
Quality of service			1	2	3 4 n/a
Rate your experience in the registration process			1	2	3 4 n/a

Was your registration? In Advance On-site

Instructions: Circle your response to evaluate this program.

1=Strongly disagree 2=Disagree 3=Agree 4=Strongly Agree

Do you feel today's program was of value based
on your time and investment? 1 2 3 4 n/a

Why or why not? _____

Did this session meet your expectations? 1 2 3 4 n/a

Why or why not? _____

What are your ideas for future programming? _____