

PARTICIPANT EVALUATION FORM

Program Title:

Provider Name:

Location (City, State):

Date:

Please take a moment to fill out this program evaluation so we can improve and tailor future programs based on your feedback. Thank you!

Did this program meet its proposed Objectives?

Objective #1:

☐ Yes

Comments:

☐ No

Objective #2:

☐ Yes

Comments:

☐ No

Objective #3:

☐ Yes

Comments:

☐ No

Was the content of the program relevant to the practice of veterinary medicine?

Was the content of the program relevant to your area of practice?

Was the content of the program practical and helpful to you?

Was the content of the program well-organized?

Was the speaker articulate?

Was the speaker responsive to your questions?

Was there any aspect of the program that we could improve upon?

Is there any other information you would like to share with us?

Name (optional): _____

Phone (optional): _____

*This program was reviewed and approved by the AAVSB RACE program for continuing education.
Please contact the AAVSB RACE program at race@aavsb.org should you have any comments/concerns
regarding this program's validity or relevancy to the veterinary profession*