

# Educational Activity Evaluation Form

In-service/Workshop Title:

Date of Presentation:

Presenter(s):

Instructions: For questions 1-13, please indicate the extent to which you agree or disagree with each statement below by marking an "x" inside the square  in the appropriate column, like so . For questions 14-18, please answer in the space provided.

|   | Strongly Disagree        | Disagree                 | Neutral                  | Agree                    | Strongly Agree           |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <b>The Content:</b>                               |                          |                          |                          |                          |                          |
| 1. Was relevant to my clinical practice needs.    | <input type="checkbox"/> |
| 2. Was based on credible, up-to-date information. | <input type="checkbox"/> |
| 3. Was well organized.                            | <input type="checkbox"/> |
| 4. Was an adequate treatment of the topic         | <input type="checkbox"/> |
| 5. Was easy to understand                         | <input type="checkbox"/> |

## The Presenter:

|   |                          |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 6. Was well-prepared  | <input type="checkbox"/> |
| 7. Used teaching methods appropriate for the content/audience | <input type="checkbox"/> |
| 8. Was knowledgeable of the subject matter                    | <input type="checkbox"/> |
| 9. Engaged the participants in learning                       | <input type="checkbox"/> |
| 10. Related program content to practical situations           | <input type="checkbox"/> |

## Presenter-Defined Questions:

|     |                          |                          |                          |                          |                          |
|-----|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 11. | <input type="checkbox"/> |
| 12. | <input type="checkbox"/> |
| 13. | <input type="checkbox"/> |

## Outcomes:

14. What knowledge/skills have you gained about the topics presented?

15. How will you apply what you have learned to your work?

## Comments:

16. What did you like best about the presentation?

17. What changes would make the presentation more effective?

18. What other presentation topics would you be interested in?

Thank you for completing this evaluation. Your feedback is highly valued!