

APPENDIX G1
(Evaluation program with multiple speakers)



Organization Name: _____

Program Name: _____ Date: _____

In order to assist the continuing education committee to improve the educational process, please complete the evaluation by responding to each comment.

	NA	Strongly Disagree	Disagree	Agree	Strongly Agree
Speaker Name:					
The learning outcomes/educational objectives for this session were met.					
I will be able to use this information in future practice.					
The speaker was interesting and held my attention.					
The speaker was knowledgeable in the content area					
The audiovisual aids/handouts were useful					
Speaker Name:					
The learning outcomes/educational objectives for this session were met.					
I will be able to use this information in future practice.					
The speaker was interesting and held my attention.					
The speaker was knowledgeable in the content area					
The audiovisual aids/handouts were useful					
Speaker Name:					
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Speaker Name:					
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I will be able to use this information in future practice.					
The speaker was interesting and held my attention.					
The speaker was knowledgeable in the content area					
The audiovisual aids/handouts were useful					
OVERALL EVALUATION					
I would recommend this program to a colleague.					
The program was well organized.					
The program met my learning needs.					
The program had balance, independence, and objectivity.					
Did the speaker disclose any conflict of interest?					

Additional comments and suggestions for future educational topics are welcome: