

SAMPLE
PROGRAM NAME



Example:

*Please use
an ink pen*

**Base your ratings on your expectations for programs of a similar type and size.
Please rate each item independently of the others.**

	Strongly Disagree	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree	Strongly Agree	N/A
1. The program met my expectations.	()	()	()	()	()	()	()	()
2. The outline and other program descriptive material provided enough detail.	()	()	()	()	()	()	()	()
3. The program was relevant to me.	()	()	()	()	()	()	()	()
4. The program met the stated objectives.	()	()	()	()	()	()	()	()
5. The program was well organized.	()	()	()	()	()	()	()	()
6. The program was evidence based.	()	()	()	()	()	()	()	()
7. The presentations were supported by material (reading, audio-visual, equipment, software) that helped me.	()	()	()	()	()	()	()	()
8. The program was free of commercial bias (i.e., no drug or product advertising, no trade names used). Comments regarding bias: _____	()	()	()	()	()	()	()	()
9. Learner questions and comments were responded to appropriately.	()	()	()	()	()	()	()	()
10. Learners were treated respectfully.	()	()	()	()	()	()	()	()
11. Presenters were well informed.	()	()	()	()	()	()	()	()
12. I will recommend this program to others.	()	()	()	()	()	()	()	()

Describe two ways in which you will change your practice as a result of attending this program:

- 1- _____
2- _____

What would you require to facilitate the use of the information gained from this program in your practice?

What did you like best about this program?

How would you have improved this program?

What topics would you suggest for future programs?

How did you hear about this current program? (please check all that apply)

- () mailed CME brochure () emailed CME brochure () CME website () CME monthly e-newsletter
() word of mouth () PCN () other (please specify): _____

Draft

