Educational Activity Evaluation Form

In-service/Workshop Title: 

Presenter(s): 

Date of Presentation: 

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.

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

The Content:
1. Was relevant to my clinical practice needs.
2. Was based on credible, up-to-date information.
3. Was well organized.
4. Was an adequate treatment of the topic
5. Was easy to understand

The Presenter:
6. Was well-prepared
7. Used teaching methods appropriate for the content/audience
8. Was knowledgeable of the subject matter
9. Engaged the participants in learning
10. Related program content to practical situations

Presenter-Defined Questions:
11. 
12. 
13. 

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!