APA Continuing Education

Course Evaluation Form

Course Title:

CE Credits:

Provider Name:

Activity Date:

Participant's Name (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EVALUATION TOOL** How useful was the content of this CE program for your practice or other professional development?

We appreciate your help in evaluating this program. Please indicate your rating of the presentation in the categories below by circling the appropriate number, using a scale as follows:

 1 2 3 4 5

Strongly Disagree Somewhat Disagree Neutral Somewhat Agree Strongly Agree

|  |
| --- |
|  **OBJECTIVES:** This program met the stated objectives of:  |
|  | 1   2   3  4   5 |
|  | 1   2   3  4   5 |
|  | 1   2   3  4   5 |
|  | 1   2   3  4   5 |
|  | 1   2   3  4   5 |
|  | 1   2   3  4   5 |
|  | 1   2   3  4   5 |
|  | 1   2   3  4   5 |
|  | 1   2   3  4   5 |
|  | 1   2   3  4   5 |
| **CONTENT** |
| 1. Appropriate for intended audience. | 1   2   3  4   5 |
| 2. Consistent with stated objectives. | 1   2   3  4   5 |
| **TEACHING METHODS** |
| 1. Visual aids, handouts, and oral presentations clarified content. | 1   2   3  4   5 |
| 2. Teaching methods were appropriate for subject matter. | 1   2   3  4   5 |
| **RELEVANCY**  |
| 1. Information could be applied to practice. | 1   2   3  4   5 |
| 2. Information could contribute to achieving personal and/or professional goals. | 1   2   3  4   5 |
| 3. Information could contribute to professional fund of knowledge. (amount learned: 1 = Very little 5 = A great deal) | 1   2   3  4   5 |
| 4. Overall level of satisfaction achieved by attendance of this course. | 1   2   3  4   5 |
| 5. How useful was the content of this CE program for your practice or other professional development?  (1 = Not useful 5 = Extremely useful) | 1   2   3  4   5 |
| 6. How much did you learn as a result of this CE program? (amount learned: 1 = Very little 5 = A great deal) | 1   2   3  4   5 |
| **FACILITY**  |
| 1. Was adequate and appropriate for session. | 1   2   3  4   5 |
| 2. Was comfortable and provided adequate space. | 1   2   3  4   5 |

|  |  |  |  |
| --- | --- | --- | --- |
| This program enhanced my professional expertise. | ⬜ Substantially | ⬜ Somewhat | ⬜ Not at all |
| I would recommend this program to others. | ⬜ Yes | ⬜ No | ⬜ Not sure |

**Narrative** (If typing your answers, click below the question, and a shaded box will appear. Start typing in the box. The box will expand as you type.)

32. What was your overall impression of the activity? What went well? What could have been improved?

33. What did you learn that was new or different? How and/or will this information change how you practice?

34. What topics or presenters would you like to see at future CE presentations?

35. Other comments