

PARTICIPANT EVALUATION

ACTIVITY TITLE _____
 DATE(S) _____

Directions: For each question, please circle the number that best represents your opinion:
 5 = Completely; 4 = Mostly; 3 = Moderate; 2 = Hardly; and 1 = Not at All

1. To what extent were the stated purposes/objectives of the activity relevant to your professional needs and interests? 5 4 3 2 1
2. To what extent were you able to accomplish the stated objectives? 5 4 3 2 1
3. To what extent were you able to accomplish your personal objectives? 5 4 3 2 1
4. To what extent were you satisfied with the educational activity? 5 4 3 2 1
5. To what extent did the conference facilities enhance the learning environment? 5 4 3 2 1
6. When you return to your agency or practice, what actions do you intend to take as a result of this activity? 5 4 3 2 1

7. What were the best educational aspects of this activity?

8. What is your overall rating of the educational activity? ___ Excellent ___ Good ___ Fair ___ Poor
9. How much did you enjoy this activity? (1 to 5 star rating) ***** **** *** ** *
10. How could the educational activity be improved? Please be specific.

Directions: Write the name of each presenter in the space provided.
 Rate each one by checking the degree of effectiveness according to your judgment.

Name of Presenter _____
 Quality of Content ___ Excellent ___ Good ___ Fair ___ Poor
 Relevance of Content to Objectives ___ Excellent ___ Good ___ Fair ___ Poor
 Effectiveness of Teaching Method ___ Excellent ___ Good ___ Fair ___ Poor

Name of Presenter _____
 Quality of Content ___ Excellent ___ Good ___ Fair ___ Poor
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Name of Presenter _____
 Quality of Content ___ Excellent ___ Good ___ Fair ___ Poor
 Relevance of Content to Objectives ___ Excellent ___ Good ___ Fair ___ Poor
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Please use this space below to share any comments you choose. We value your thoughts and each evaluation is read. It is not necessary to sign your name. Thank you for your help.