

Continuing Professional Development Program Evaluation Form

Title of Lecture/Program:			
Date:			
Presenter(s):			
Please rate the following:	Strongly Disagree	Neutral	Strongly Agree
The objectives of this training were clearly defined.			
The topic(s) covered were relevant to me.			
The content was organized and easy to follow.			
This training experience will be useful in my work.			
The presenter was knowledgeable.			
The presenter was well prepared.			
The learning objectives were met.			
The learning format (online, in-person) was effective.			
How do you hope to improve your practice as a result of this training?			
What additional training would you like to have in the future?			
Additional comments or feedback:			