OVERALL EVALUATION

TITLE	DATE				
OVERALL EDUCATIONAL OBJECTIVES	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**
These learning objectives increased my professional competence.	**5**	**4**	**3**	**2**	**1**
1. <insert learning objective>	☐	☐	☐	☐	☐
2. <insert learning objective>	☐	☐	☐	☐	☐
3. <insert learning objective>	☐	☐	☐	☐	☐
				Great Deal…Very Little	
4. How much did you learn as a result of this CE program?		O	O	O	O	O
				Not Useful…Very Useful	
5. How useful was the content of this CE program for your practice or other professional development?		O	O	O	O	O
EDUCATIONAL EFFECTIVENESS	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**
Indicate your level of agreement that the activity goal was achieved:	5	4	3	2	1
6. The activity increased my clinical competence and enhanced my knowledge base.	☐	☐	☐	☐	☐
7. The activity addressed important knowledge gaps in the field.	☐	☐	☐	☐	☐
8. The content was fair, balanced, and up-to-date.	☐	☐	☐	☐	☐
9. The material presented and skills learned during this activity will be useful in caring for my patients.	☐	☐	☐	☐	☐

10. The activity is relevant to my practice.	☐	☐	☐	☐	☐
11. Overall, the mechanics of the activity (sound quality, slide visibility, etc.) promoted active learning.	☐	☐	☐	☐	☐
12. There was adequate accessibility of ADA accommodations for the activity.	☐	☐	☐	☐	☐
13. Overall, the educational activity met my expectations for quality.	☐	☐	☐	☐	☐

PRACTICE/BEHAVIORAL CHANGE

14. After participating in this activity, do you intend to change your practice behavior?
   a. I do plan to implement changes in my practice or healthcare team based on the information presented.
   b. My current practice has been reinforced by the information presented.
   c. I need more information before I change my practice.
   d. This does not apply to my current practice setting.

15. List one item that you learned as a result of the CE program that you can use to improve your practice or healthcare team?

16. List one barrier to implementing something that you learned in this activity:

17. What future topics would you like to see in future educational activities:

INTERPROFESSIONAL CONTINUING EDUCATION

18. Will this activity change how you work with members of your team?	☐ Yes	☐ No	☐ N/A

19. Please Explain:

SPEAKER EVALUATION - Rate the effectiveness of the speakers:	Excellent............Poor

20. <insert faculty name>					
Expertise in content area	O	O	O	O	O
Used teaching methods that facilitated learning	O	O	O	O	O
Delivered a fair and balanced presentation free of commercial bias	O	O	O	O	O
SPEAKER EVALUATION - Rate the effectiveness of the speakers:	Excellent............Poor				
21. <insert faculty name>					
Expertise in content area	O	O	O	O	O
Used teaching methods that facilitated learning	O	O	O	O	O
Delivered a fair and balanced presentation free of commercial bias	O	O	O	O	O
22. Additional Comments					