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| **Evaluation** |

| Program Name: Enter program name here | Date: Enter date |
| --- | --- |
| **Session Title:** Enter session title here |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **My profession is (modify as required according to program):** 2. \_\_\_\_\_\_  **d)** \_\_\_\_\_\_\_\_\_ 3. \_\_\_\_\_\_  **e)** Other:Enter profession here 4. \_\_\_\_\_\_\_ | | | | | | | | |
| *Please indicate your answer using the following scale. Please circle.* | | | |
|  | | | |
| **Overall Program** | | | | | | |
|  | **Strongly Disagree** | **Disagree** | **Not Sure** | | **Agree** | **Strongly Agree** |
| **2. The learning objectives were clear.** | **1** | **2** | **3** | | **4** | **5** |
| **3. The learning objectives were met.** | **1** | **2** | **3** | | **4** | **5** |
| **4. The facilitators / presenters were knowledgeable, organized, professional, and clear.** | **1** | **2** | **3** | | **4** | **5** |
| **5. The evaluations allowed me to demonstrate my knowledge/skills.** | **1** | **2** | **3** | | **4** | **5** |
| **6. Overall, the learning experience was relevant and applicable to my practice.** | **1** | **2** | **3** | | **4** | **5** |
| **7. Overall, this program was of high quality and met my expectations.** | **1** | **2** | **3** | | **4** | **5** |
| **8. The content was based on appropriate research findings and/or scientific evidence.** | **1** | **2** | **3** | | **4** | **5** |
| **9. The program was free of commercial bias:** 🞎 Yes 🞎 No  **\*If no, please specify:** Enter text here | | | | | | |
| **10. As a result of this program, I will make the following change(s) to my practice:**  Enter text here | | | | | | |
| **11. Please list any future topics or areas of learning to further support your practice:**  Enter text here | | | | | | |
| **12. Please indicate which** [**CanMEDS**](http://canmeds.royalcollege.ca/) **roles you felt were addressed during this program. Please select all that apply:** | | | | | | |
| | Medical Expert | Communicator | Health Advocate | Professional | | --- | --- | --- | --- | | Leader | Collaborator | Scholar |  | | | | | | | |
| **13. Please include any additional comments you may have:** | | | | | | |

**Evaluation forms for all sessions within the CPD activity must also be included as separate evaluation forms. A template is provided below.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Session #1 (<<insert session, module, or presentation name and presenter>>)** | | | | | |
|  | **Strongly Disagree** | **Disagree** | **Not Sure** | **Agree** | **Strongly Agree** |
| **1. Overall, this session was of high quality and met my expectations.** | **1** | **2** | **3** | **4** | **5** |
| **2. The learning objectives for this session were met:** |  |  |  |  |  |
| **OBJECTIVE 1** | **1** | **2** | **3** | **4** | **5** |
| **OBJECTIVE 2** | **1** | **2** | **3** | **4** | **5** |
| **OBJECTIVE 3** | **1** | **2** | **3** | **4** | **5** |