

SESSION EVALUATION

Date: _____ Name of Session: _____

Your Name (Optional): _____

1. Please rate to what extent you agree or disagree with the following statements about the session.

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Session content met my expectations	5	4	3	2	1
The subject matter was adequately addressed	5	4	3	2	1
The session contained new and useful information	5	4	3	2	1
The presentations were well paced within allotted time	5	4	3	2	1
There was sufficient time for questions	5	4	3	2	1
Handouts/Audio Visuals were relevant and helpful	5	4	3	2	1

2. Would you attend another session on this topic?

Yes No

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3. Please rate each speaker/panel member by circling the appropriate number: 5=Excellent 4=Very good 3=Average 2=Fair 1=Poor

NAME OF SPEAKER/PANEL MEMBER:	CONTENT	PRESENTATION
(a) _____	5 4 3 2 1	5 4 3 2 1
(b) _____	5 4 3 2 1	5 4 3 2 1
(c) _____	5 4 3 2 1	5 4 3 2 1
(d) _____	5 4 3 2 1	5 4 3 2 1

4. Overall, this session was:

Excellent Very good Average Fair Poor

5 Other comments or suggestions (i.e. would you like to receive additional instruction on this topic?) _____

