

|                     |  |
|---------------------|--|
| <b>Date</b>         |  |
| <b>Location</b>     |  |
| <b>CE Topic</b>     |  |
| <b>Speaker Name</b> |  |

Participants must complete and sign this evaluation form to receive a CE certificate for this educational program.

## Ratings

### Knowledge of Subject Matter

- Outstanding   
  Good   
  Adequate   
  Needs improvement   
  Poor   
  N/A

Comments:

### Quality of Presentation

- Outstanding   
  Good   
  Adequate   
  Needs improvement   
  Poor   
  N/A

Comments:

### Content Relevance to my Practice

- Outstanding   
  Good   
  Adequate   
  Needs improvement   
  Poor   
  N/A

Comments:

### Objectives Stated and Met

- Outstanding   
  Good   
  Adequate   
  Needs improvement   
  Poor   
  N/A

Comments:

### Communication/Questions Addressed

- Outstanding   
  Good   
  Adequate   
  Needs improvement   
  Poor   
  N/A

Comments:

### Length Appropriate for Content

- Outstanding   
  Good   
  Adequate   
  Needs improvement   
  Poor   
  N/A

Comments:

### Overall Rating

- Outstanding   
  Good   
  Adequate   
  Needs improvement   
  Poor   
  N/A

Comments:

## Evaluation

Additional Comments/Ways to Enhance Offering/Request for Future Topics

Name:  Email:

I am a:   
 SW   
 RN   
 LPN   
 LCPC   
 NHA   
 Other:

**Thank you!**