|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | **Date** | October 1, 2020 | | **Location** | Live Webinar Presentation | | **CE Topic** | Have a Say in Your Future | | **Speaker Name** | Kathryn Casey | |  |

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

# Continuing Education Evaluation Form

**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!***