

<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!**