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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | **Date** | Continuing Education Evaluation Form | | **Location** |  | | **CE Topic** |  | | **Speaker Name** |  | |  |

*******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: **Phone #:** |

### ***Thank you!***