

Date	
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 Number:

Thank you!