

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!