

Evaluation Form
Please complete this evaluation form and return it to the coordinator
at the end of the educational session.

Event: # Credit Hour(s): Date:

Presenting Department:

Event Title:

Please rate the quality of the activity on a scale of 1 (strongly disagree) to 5 (strongly agree).
This activity:

	1	2	3	4	5
Met the stated learning objectives					
Enhanced my knowledge					
Satisfied my expectations					
Conveyed information that applied to my practice					
Allocated at least 25% of the time for interaction					
Was free from commercial bias?					
What did you learn or how will this event impact your practice?					

Please indicate which CanMEDS roles you felt were addressed during this educational activity?

Medical Expert
Communicator
Professional

Scholar
Manager
Health Advocate

Collaborator

Evaluation of Presenter

Please rate the quality of the presentation on a scale of 1 (poor) to 5 (excellent).

Name of Presenter	Overall Presentation Effectiveness	Content Relevance	Used Effective Teaching Methods
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Additional Comments:

Suggestions for future activities:
