

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:

Met the stated learning objectives 1 2 3 4 5

Overall and session specific 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 Scholar Collaborator Communicator Manager Professiona Health Advocate

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	Use Effective Teaching Methods
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Additional Comments:

Suggestions for future activities: