

# Evaluation Form Template

Event: \_\_\_\_\_ 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:**

**Educational Objectives:** *\*Not mandatory to list specific objectives in evaluation\**

The program met the stated learning objectives

[Objective One] 1 2 3 4 5

[Objective Two] 1 2 3 4 5

[Objective Three] 1 2 3 4 5

[Objective Four] 1 2 3 4 5

**Experience:**

This activity enhanced my knowledge in this area 1 2 3 4 5

This activity was relevant to my practice 1 2 3 4 5

This activity met my expectations 1 2 3 4 5

I will use the information learned in my practice 1 2 3 4 5

The material was evidence-informed 1 2 3 4 5

**Interactivity:** Do you feel that at least 25% of this activity was allocated to interactive learning such as discussion, polls, or question & answer?  Yes  No

If no, please specify: \_\_\_\_\_

**Bias:** Did you perceive any bias in this activity? For example, commercial or other inappropriate bias?  Yes  No

If yes, please specify where bias was perceived: \_\_\_\_\_

**Inclusivity:** Was the learning environment inclusive (respectful, recognize diverse audiences/patients)?  Yes  No

If no, please specify how to improve inclusivity: \_\_\_\_\_

**(Optional)** How can this learning environment be made more accessible, equitable and inclusive?

\_\_\_\_\_

Do you intend to make changes or apply learning to your practice because of this educational activity?

- Yes, I plan to make changes
- I am not sure, but I am considering changes
- No, I already practice these recommendations
- No, I don't think this applies to my practice

If yes, please describe two things you intend to try to do differently because of this activity:

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**Self-Identification (List Provided by CFPC)**

Please indicate if you self-identify with any of the following (Select all that apply)

- Indigenous
- Racialized person (please specify if comfortable: \_\_\_\_\_ )
- 2SLGBTQ+
- Person with a disability
- Non-binary/Gender non-conforming
- Immigrant/newcomer
- Prefer not to answer
- Another identity not listed (please specify if comfortable: \_\_\_\_\_ )

Please indicate which CanMEDS-FM roles you felt were addressed during this educational activity (check all that apply):

- Family Medicine Expert
- Scholar
- Manager
- Health Advocate
- Collaborator
- Communicator
- Professional