

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

Enhanced my knowledge 1 2 3 4 5

Satisfied my expectations 1 2 3 4 5

Conveyed information that applied to my practice 1 2 3 4 5

Allocated at least 25% of the time for interaction 1 2 3 4 5

Was free from commercial bias? 1 2 3 4 5

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 Professional 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	Used Effective Teaching Methods
_____	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
_____	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

Additional Comments: _____

Suggestions for future activities: _____