Sample Participant Evaluation Form

Rating Scale (Circle the appropriate letter)
1=Poor  2=Fair  3=Good  4= Very Good  5= Excellent

LEARNING OBJECTIVES
How well were the following objectives met?

1. Objective 1
   (Please write out each objective)  
   1  2  3  4  5

2. Objective 2
   1  2  3  4  5

   Comments:________________________________________

PROGRAM
4. Topics addressed completely  
   1  2  3  4  5
5. Content relevant to my practice  
   1  2  3  4  5
6. Opportunities for questions/discussion  
   1  2  3  4  5

7. What did you like most about this meeting? ________________________________

8. What changes do you intend to make in your practice as a result of the meeting?
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

9. How could this meeting be improved?
   _______________________________________________________________________
   _______________________________________________________________________

10. Did you perceive any commercial bias during this program? ____Yes      ____No
    If yes, please explain what was perceived as promotional and not educational,
    (Please include the presentation title and presenter):
    _______________________________________________________________________
    _______________________________________________________________________
    _______________________________________________________________________

11. What topics for future programs or information would be of greatest interest to you?
    _______________________________________________________________________
    _______________________________________________________________________
    _______________________________________________________________________
FACULTY

12. Faculty communicated clearly and effectively within the allotted time:
   1  2  3  4  5

13. I recommend the following speaker(s) for your consideration in future planning:

   ______________________________________________________________________

   Comments regarding faculty:

   ______________________________________________________________________

   ______________________________________________________________________

Name: (optional) __________________________________________________________

(Please Print)

Please turn in this completed evaluation at the end of the meeting to staff at the registration desk. Your answers will be kept confidential.

Thank you.

NOTE: You will receive a request from AANS to participate in a follow-up survey at the start of the new year as to what changes you made in your practice as a result of participating in this CME activity and/or what barriers prevented you from making the changes in your practice.