

## Sample Evaluation

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**Title of Session:** \_\_\_\_\_

**Date of Session:** \_\_\_\_\_

**Location of Session:** \_\_\_\_\_

### **CONTINUING PROFESSIONAL DEVELOPMENT ACTIVITY: SECTION 1 ACCREDITED GROUP LEARNING ACTIVITY**

#### **Learning Objectives**

After attending this symposium, the participant will be able to:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

#### **PROGRAM EVALUATION – SECTION 1**

Please take a few moments to evaluate the scientific presentations. (Please circle your response)

	Poor	Fair	Satisfactory	Good	Excellent
Achieved the learning objectives	1	2	3	4	5
Scientific content of the presentations	1	2	3	4	5
Usefulness of the presentations	1	2	3	4	5
Effectiveness of the speakers	1	2	3	4	5
Objectivity and balance	1	2	3	4	5
Ample opportunity for questions/discussion	1	2	3	4	5

#### **PROGRAM EVALUATION – SECTION 2**

Please indicate your level of satisfaction concerning the overall program. (Please circle your response)

	Poor	Fair	Satisfactory	Good	Excellent
Did the activity comply with the Code of Ethics* for parties involved in Continuing Medical Education?	1	2	3	4	5
General organization	1	2	3	4	5
Proportion of scientific/interactive activities	1	2	3	4	5
Variety of topics discussed	1	2	3	4	5
Conference facilities	1	2	3	4	5
The program met my expectations	1	2	3	4	5

#### **PROGRAM EVALUATION – SECTION 3**

Please reflect on what you have learned from this symposium, and indicate if you are likely to incorporate this knowledge in your practice?

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#### **PROGRAM EVALUATION – SECTION 4**

Overall impression of this symposium?

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\*[http://www.cemcq.qc.ca/en/documents/guide\\_ethique.pdf](http://www.cemcq.qc.ca/en/documents/guide_ethique.pdf).

**Maximum of x credits possible (X hours)**

**Please complete and return this form to.....**