



Continuing Professional Development Activity Evaluation Form

Course Name:	Date:	Rating:...../25	%=
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This course met my expected learning objectives:	Yes <input type="checkbox"/> No <input type="checkbox"/>
This course contributed to the enhancement of my competencies	Yes <input type="checkbox"/> No <input type="checkbox"/>
There was sufficient time allowed for audience participation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
I would recommend this lecture as a CPD topic	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you find the course to be free of commercial bias?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Evaluation: Please rate by circling the appropriate number

	1 = Poor 2 = Fair 3 = Good 4 = Very Good 5 = Excellent														
	Content of Presentation		Presentation Skills		IT Aids of Presentation										
Speaker	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Facilities	1	2	3	4	5										

Please comment on topics you would like to see addressed at future CPD activities:

1. Any remarks and Recommendations:
