

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?

<input type="checkbox"/> Medical Expert	<input type="checkbox"/> Scholar	<input type="checkbox"/> Collaborator
<input type="checkbox"/> Communicator	<input type="checkbox"/> Manager	
<input type="checkbox"/> Professional	<input type="checkbox"/> 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: _____