

# Continuing Education Course Evaluation Form

Thank you for taking the time to complete this evaluation. Your ratings and comments will be helpful to our instructors, course developers and future Conference planning committees.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | |  | | |  | |  |
| Course Title: | |  | | | | | | | |  |
|  | | | | |  | | |  | |  |
| Instructor’s Name(s): | | | |  | | | | | |  |
|  | | | | |  | | |  | |  |
| Date: |  | | | | | Location: |  | | |  |
|  | | | | |  | | |  | |  |
| * Full Day | | | * Half Day | | | * Other (please specify): | | |  |  |
|  | | | | |  | | |  | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **Excellent** | **Poor** |  | **N/A** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **OVERVIEW** |  |  |  |  |  |  |  |  |
| 1. What is your overall rating of this course? |  | 5 | 4 | 3 | 2 | 1 |  | 0 |
| 1. How well did course advertising materials describe the course content? |  | 5 | 4 | 3 | 2 | 1 |  | 0 |
|  |  |  |  |  |  |  |  |  |
| **CONTENT** |  |  |  |  |  |  |  |  |
| 1. Did the course meet your learning objectives? |  | 5 | 4 | 3 | 2 | 1 |  | 0 |
| 1. Was the content at a level appropriate to your needs? |  | 5 | 4 | 3 | 2 | 1 |  | 0 |
| 1. Were the handouts supplied useful? |  | 5 | 4 | 3 | 2 | 1 |  | 0 |
| 1. Did A/V materials enhance the course content? |  | 5 | 4 | 3 | 2 | 1 |  | 0 |
| 1. Was the content applicable to your work setting? |  | 5 | 4 | 3 | 2 | 1 |  | 0 |
|  |  |  |  |  |  |  |  |  |
| **DID THE INSTRUCTOR(S)** |  |  |  |  |  |  |  |  |
| 1. Offer a well organized presentation? |  | 5 | 4 | 3 | 2 | 1 |  | 0 |
| 1. Display good subject knowledge? |  | 5 | 4 | 3 | 2 | 1 |  | 0 |
| 1. Use appropriate style(s) of presentation? |  | 5 | 4 | 3 | 2 | 1 |  | 0 |
| 1. Provide adequate opportunities for questions and discussions? |  | 5 | 4 | 3 | 2 | 1 |  | 0 |

Additional Comments:

**SUGGESTIONS FOR FUTURE COURSES:**

Please note any suggestions for topics and /or instructors (yourself included) for future CHLA/ABSC continuing education courses.

# YOUR BACKGROUND

* Academic health sciences library
* Hospital library - teaching
* Hospital library - non-teaching
* Government library
* Association library
* Corporate library
* Other (specify):

**PLEASE RETURN THIS FORM TO:**