 Continuing Education Program

 Office Use

Date Received \_\_\_\_\_\_

Received from \_\_\_\_\_\_

 Course Evaluation Form

This form is to be filled out by each participant to evaluate the program and instructor (s) on their performance .

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Program Information**

Date :\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program Title：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Rate each topic area separately**

Topic Area **:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Poor Excellent

Rate the quality of the presentation and overall usefulness 1 2 3 4 5

Were the facilities appropriate for the event 1 2 3 4 5

Were the instructors knowledgeable and well prepared 1 2 3 4 5

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**Rate the overall program**

 Poor Excellent

The overall quality of the program was 1 2 3 4 5

please rate how you would use the information obtained in this course in your daily operation( please circle).

will not use 1-25% 25-50% 50-75% 75-100%

If a program fee was charged, do you feel that the fee was ( circle one): **Appropriate too High**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* please use the additional page of this form if you have more than one topic or subject area, There is space for three additional topic on each additional page.

Course Evaluation Form

Continuation **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Continuation Sheet

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