

# Program Evaluation Template

Company XYZ

Address  
City, State Zip Code  
Phone / Email  
Web

## Program Evaluation

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

Program Faculty 1: \_\_\_\_\_ Program Faculty 2: \_\_\_\_\_

(Select one. 4 = excellent, 1 = poor)

1. How would you rate this educational program overall? 4 3 2 1

2. Rate the following components of this program:	Excellent	Good	Fair	Poor
Registration process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Program faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lodging accommodations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibitors/vendors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Rate the program faculty regarding the content of their presentation.	Knowledgeable		Relevant		Effective	
	Yes	No	Yes	No	Yes	No
<Insert Program Faculty 1 Name>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<Insert Program Faculty 2 Name> (add additional lines for additional program faculty)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answered no to any of the 3 categories, please explain:

4. Was a verbal or written statement regarding conflict of interest disclosed?  Yes  No

5. Was the program free of commercial bias or influence?  Yes  No If no, please explain:

6. Rate the following components of this program:	Strongly Agree	Agree	Disagree	Strongly Disagree
The information received was useful and beneficial.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The program met the stated learning objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The presentation style enhanced my learning experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The program faculty was responsive to questions/comments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The educational materials were useful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The learning assessment (survey, quiz, etc.) was appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. What did you like the most about this program?

8. What did you like the least about this program?

9. Identify topics you would like to have presented at future meetings.

10. General Comments: