

CLE EVALUATION FORM

DVD Format

Program Title: _____

Date of Original Program: _____

Your views about this program are important and will help to improve future trainings. Please answer the following questions and feel free to make additional comments.

Your overall knowledge of the topic(s) covered

Before this training: 1 2 3 4 5

After this training: 1 2 3 4 5

What do you consider the most valuable "take-away" from this class?

Do you think the speaker(s) demonstrated a thorough knowledge of this area:

Yes No Other

Explain: _____

The presenter(s) were:

- | | | |
|------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> excellent | <input type="checkbox"/> excellent | <input type="checkbox"/> excellent |
| <input type="checkbox"/> good | <input type="checkbox"/> good | <input type="checkbox"/> good |
| <input type="checkbox"/> fair | <input type="checkbox"/> fair | <input type="checkbox"/> fair |
| <input type="checkbox"/> poor | <input type="checkbox"/> poor | <input type="checkbox"/> poor |

The program was well-organized:

Yes No Other

Explain: _____

The information presented (video, handouts, and speakers/panel discussion) will be:

very useful of some use not much use

If so, how? _____

Overall, this session was:

- excellent good fair poor

Additional comments and/or suggestions for future programs:

PLEASE RETURN THIS FORM WITH THE AFFIRMATION