**CHILDREN’S OF ALABAMA**

**Participant Evaluation Form/Method**

Title of Activity:

CNE Designated Activity #:       Activity Date:

The planning committee would like your opinion and comments on this educational activity. This will assist in planning future educational activities.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Satisfactory | Unsatisfactory | NA |
| Promotional information provided adequate information |  |  |  |
| Registration process was efficient |  |  |  |
| Scheduling of the activity met my needsIf satisfactory why: |  |  |  |

### *(if multiple presenters, evaluate the following for each speaker/presenter individually)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Presenters Name, Credentials:***       | Excellent | Good | Fair | Poor |
| Knowledge of subject |  |  |  |  |
| Organization and clarity of content |  |  |  |  |
| Effectiveness of teaching methods |  |  |  |  |
| Presentation(s) free from commercial bias? [ ]  Yes [ ]  NoIf ***no***, please explain:  |

### *LEARNING OUTCOMES: (if multiple outcomes, evaluate the following for each outcome individually)*

|  |  |  |  |
| --- | --- | --- | --- |
| **As a result of this activity, I was/will be able to, or I am able to** | Met | Partially Met | Not Met |
| **(insert a learning outcome here):**  |  |  |  |
|  |  |  |  |

**As a result of this activity, please share at least one action you will take to change your professional practice/ performance**:

**General comments about the program:**

**Suggestions for future program topics:**

**Thank you!**