

**Continuing Education Program Evaluation**

Full name of CE Provider

Program name

IRS issued Program number

Date(s) program was completed

Name of participant *(optional)*

**Instructions:** Answer the seven questions below to the best of your ability to evaluate the program you completed. Assign a number grade using a scale from 1 to 5 , with 1 being the lowest and 5 the highest. Provide additional feedback in the comments section below on program strengths and areas to assist with program improvements. *If the question is not applicable, select NA.*

	1	2	3	4	5	NA
1. Were stated learning objectives met?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Were program materials accurate, relevant and did they contribute to the achievement of the learning objectives?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Was the time allotted to learning adequate?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Were the facilities / equipment appropriate?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Were the handout materials satisfactory?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Were the audio and video materials effective?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. If applicable, were individual instructors knowledgeable and effective?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

**Privacy Act and Paperwork Reduction Notice**

We ask for the information on this form to carry out the laws of the United States. The primary purpose of this form is to evaluate the content and delivery of our continuing education programs. We are requesting this information under authority of 26 U.S.C. § 7801 and § 7803 and 31 U.S.C. § 330. We use the information on this form to ensure that we are complying with the continuing education provider requirements in 31 C.F.R. part 10. Providing this information is voluntary, and failure to provide all or part of the information will not affect you. We may disclose this information to a contractor as necessary to perform the contract.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The time require to complete this form will vary depending on individual circumstances. The estimated average time is 15 minutes.