

# Sample Evaluation Form

Your participation is voluntary but would be appreciated and helpful to us in improving future programs.

| <b>Evaluation Form</b>  |   |   |   |   |   |    |
|---|---|---|---|---|---|----|
| Full Name of CE Provider:   |   |   |   |   |   |    |
| IRS Issued Provider Number:   |   |   |   |   |   |    |
| Program Name:   |   |   |   |   |   |    |
| IRS Issued Program Number:  |   |   |   |   |   |    |
| Date(s) Program was Completed:  |   |   |   |   |   |    |
| Name of Participant (optional):   |   |   |   |   |   |    |
| <b>Instructions:</b> Please comment on all of the following evaluation points for this program and assign a number grade, using a 1-5 scale, with 5 being the highest and NA if not applicable. |   |   |   |   |   |    |
| RATING SCALE  | 1 | 2 | 3 | 4 | 5 | NA |
| 1. Were stated learning objectives met?   |   |   |   |   |   |    |
| 2. Were program materials accurate, relevant and did they contribute to the achievement of the learning objectives?   |   |   |   |   |   |    |
| 3. Was the time allotted to learning adequate?  |   |   |   |   |   |    |
| 4. Were the facilities / equipment appropriate?   |   |   |   |   |   |    |
| 5. Were the handout materials satisfactory?   |   |   |   |   |   |    |
| 6. Were the audio and video materials effective?  |   |   |   |   |   |    |
| 7. Were individual instructors knowledgeable and effective?   |   |   |   |   |   |    |

Additional comments: