

ACTIVITY EVALUATION FORM

Please complete and return to Provider (Please Print)

Provider Name:

Course Number:

Title of Activity:

Date(s) of Activity:

Time of Activity:

Location of Activity:

Please indicate your evaluation of this course by completing the table below

| Question | Yes | No | Comments |
|---|--------------------------|--------------------------|----------|
| Did this program meet your educational objectives? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Were you provided with substantive written materials? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Did the course update or keep you informed of your legal responsibilities? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Did the activity contain significant professional content? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Was the environment suitable for learning (e.g., temperature, noise, lighting, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> | |

Please rate the instructor(s) of the course below

| Instructor's Name and Subject Taught | On a scale of 1 to 5, with 1 being Poor and 5 being Excellent, please rate the items below | Rate 1 – 5 |
|--------------------------------------|--|---------------|
| | Overall Teaching Effectiveness | |
| | Knowledge of Subject Matter | |

| Instructor's Name and Subject Taught | On a scale of 1 to 5, with 1 being Poor and 5 being Excellent, please rate the items below | Rate 1 – 5 |
|--------------------------------------|--|---------------|
| | Overall Teaching Effectiveness | |
| | Knowledge of Subject Matter | |

| Instructor's Name and Subject Taught | On a scale of 1 to 5, with 1 being Poor and 5 being Excellent, please rate the items below | Rate 1 – 5 |
|--------------------------------------|--|---------------|
| | Overall Teaching Effectiveness | |
| | Knowledge of Subject Matter | |