

Evaluation form

Course Title

Date and Place

Family Physician	Yes		No			
Type of Practice	Full-time		Part-time			
	Solo		Group			
	Office		Hospital		Both	
	Urban		Suburban		Rural	

<i>Strongly disagree - 1</i>	<i>Disagree - 2</i>	<i>Neutral - 3</i>	<i>Agree - 4</i>	<i>Strongly agree - 5</i>
------------------------------	---------------------	--------------------	------------------	---------------------------

The program					
The program was relevant to family medicine.	1	2	3	4	5
The program met the stated objectives.	1	2	3	4	5
The program met my expectations.	1	2	3	4	5
The program met my learning objectives.	1	2	3	4	5
I was able to interact with other participants.	1	2	3	4	5
The program was credible and non-biased.	1	2	3	4	5
The program was well organized.	1	2	3	4	5
There was adequate time.	1	2	3	4	5

The speakers				
	Was consistent with stated objectives	Information was presented clearly	Information was relevant to practice	Discussion time was adequate
Speaker: Topic:	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Speaker: Topic:	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Speaker: Topic:	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

Comments:

Describe two particularly strong features of this program.

1.

2.

Describe two areas of weakness you would like to see changed.

1.

2.

List two ways you will change your practice because of this program.

1.

2.

General comments and suggestions.

Topics you would like to see addressed in the future.

Thank you for your feedback and ideas