



Name of Program or Conference Inserted Here

Please rate each item independently of the others.

	Disagree				Agree
	1	2	3	4	5
1) The session met my expectations.	()	()	()	()	()
2) The handout provided enough detail	()	()	()	()	()
3) The session was relevant to me.	()	()	()	()	()
4) The session met the stated objectives.	()	()	()	()	()
5) The session was well organized.	()	()	()	()	()
6) The session was evidence based.	()	()	()	()	()
7) The session included a variety of teaching methods	()	()	()	()	()
8) The session was free of commercial bias (i.e., no drug or product advertising, no trade names used).	()	()	()	()	()
9) Learner questions and comments were responded to appropriately.	()	()	()	()	()
10) Learners were treated respectfully.	()	()	()	()	()
11) The Presenter was well informed.					
A. INSERT NAME HERE	()	()	()	()	()
B. INSERT NAME HERE	()	()	()	()	()
C. INSERT NAME HERE	()	()	()	()	()
12) Overall, the presenter was excellent					
A. INSERT NAME HERE	()	()	()	()	()
B. INSERT NAME HERE	()	()	()	()	()
C. INSERT NAME HERE	()	()	()	()	()
13) I will recommend this program to others.	()	()	()	()	()

Describe two ways in which you will change your practice as a result of attending this session:

1-

2-

What did you like best about this session?

How would you have improved this session?

What topics would you suggest for future sessions?

How did you hear about this current program? (please check all that apply)

- () mailed CPL brochure () emailed CPL brochure () CPL website () CPL monthly e-newsletter
 () word of mouth () PCN () other (please specify): _____