

Program Evaluation Form
[Name of Program]
[Date of Program]

Your feedback is important to us! Please let us know your thoughts about this program.

Rating Scale: 1 = Poor 2 = Fair 3 = Satisfactory 4 = Good 5 = Very Good

Please Circle Your Response

Overall Program Evaluation	1	2	3	4	5
Materials	1	2	3	4	5
Program Content	1	2	3	4	5
Program Faculty	1	2	3	4	5
Overall Benefit to You	1	2	3	4	5

Program Content

1. What topic(s) did you find most useful for your practice?

2. What topic(s) should be included in future programs?

Additional Comments

1. If this program needs improvement, please list your ideas:

2. Any additional comments:

Thank you!