

Session/Workshop Evaluation Form

Course name, date and location

Thank you for taking the time to fill out this evaluation form. Your feedback will help us plan future courses.

Please check (✓) the response that best describes your opinion. (5 = strongly agree; 1=strongly disagree)	5	4	3	2	1	N/A
Title & Faculty						
Faculty member knew the subject matter and could adequately answer questions.						
Faculty member communicated in a manner that kept my interest.						
The stated objectives were met by the end of the session.						
Information presented was practical and relevant to clinical practice.						
Faculty member effectively facilitated participant interaction.						
There was no evidence of industry bias.						
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