

PROGRAM EVALUATION

**TITLE:** (Add Title of Program)

**DATE:** (Add Program Date)

**SPEAKER:** (Add HCP Presenter)

Poor

Average

Good

Outstanding

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *Please rate the speaker on a scale of 1 to 7 (Outstanding).* | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Speaker stimulated my interest in the subject matter |  |  |  |  |  |  |  |
| Speaker managed schedule time and presentation was paced appropriately |  |  |  |  |  |  |  |
| Speaker was organized and well prepared for the presentation |  |  |  |  |  |  |  |
| Speaker answered questions willingly and effectively |  |  |  |  |  |  |  |
| Speaker encouraged interaction and discussion from the group |  |  |  |  |  |  |  |
| Speaker was enthusiastic and showed genuine interest to educate |  |  |  |  |  |  |  |
| Speaker was a master of the subject matter |  |  |  |  |  |  |  |
| Location of event for this educational program |  |  |  |  |  |  |  |

|  |
| --- |
| Any additional comments you would like to provide: |

NAME (Optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for taking the time to provide your feedback!
We will use this information to improve our medical education offerings.