



NAME OF EVENT, DATE
EVALUATION FORM – COURSE/SPEAKERS

Date: dd, mm, yyyy,

1. My major professional activity at present is:

☐ Clinical Practice ☐ Academic/Research ☐ Administration ☐ Other

Rating scale: The course met my expectations:

- above my expectations (above)
- met my expectations (on target)
- below my expectations (below)

Please tick one box on each line!

Speaker 1	above	on target	below
Greater understanding of the topic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will it change my practice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of slides/hand-outs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaker was able to attract my attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Speaker 2	above	on target	below
Greater understanding of the topic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will it change my practice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of slides/hand-outs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaker was able to attract my attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Speaker 3	above	on target	below
Greater understanding of the topic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will it change my practice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of slides/hand-outs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaker was able to attract my attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Speaker 4

	above	on target	below
Greater understanding of the topic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Will it change my practice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of slides/hand-outs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaker was able to attract my attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	above	on target	below
Would you recommend this session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments and suggestions for future courses/topics:

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Thank you for filling in this sheet and for your input in quality assessment of this event.