

Sample Learning Activity Evaluation Form

Please indicate your level of agreement by putting an in the appropriate column.

Legend:	1 = Strongly agree	4 = Disagree
	2 = Agree	5 = Strongly agree
	3 = Neither agree/disagree	NA = Not applicable

Statement		1	2	3	4	5	NA
1.	The content of the learning activity was useful and relevant to my scope of pharmacy practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	The learning activity fulfilled the stated learning objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	The delivery approach used made it possible to understand and apply the information to my practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	The presenter delivered the information clearly and effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	The delivery approach used provided active learning opportunities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	The overall quality of the learning activity was good.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Yes	No
	Did you note any bias in the content and/or delivery of the learning activity?	<input type="checkbox"/>	<input type="checkbox"/>
	If Yes, please describe the bias that you observed.		

Please Return this Evaluation Form to:

(Insert Name/Address of Provider representative if not being collected via an on-line platform)

Comments

In your opinion, what were the strong points and areas for improvement?

Strong points		Areas for improvement

What changes do you plan to make in your practice as a result of this learning activity?

What topics should be covered in future learning activities?

Other comments:

*Thank you for your valuable feedback.
Your comments will be very helpful in improving
continuing education activities.*