# Sample Participant 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 |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Statement** | | **1** | **2** | **3** | **4** | **5** | **NA** |
| 1. | The content of the activity was useful and relevant to the daily practice of pharmacy. |  |  |  |  |  |  |
| 2. | The activity adhered to the stated learning objectives. |  |  |  |  |  |  |
| 3. | The methods of instruction used made it possible to understand and apply the information in an effective manner. |  |  |  |  |  |  |
| 4. | The presenter delivered the information clearly. |  |  |  |  |  |  |
| 5. | The presenter interacted with the participants. |  |  |  |  |  |  |
| 6. | The program materials will be useful to me. |  |  |  |  |  |  |
| 7. | The overall organization of the activity was good. |  |  |  |  |  |  |
| 8. | The overall quality of the learning activity was good. |  |  |  |  |  |  |
| 9. | The quality of the facilities was satisfactory. |  |  |  |  |  |  |
| 10. | I learned something that I can apply to my practice. |  |  |  |  |  |  |

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| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
|  | Did you note any bias in the content, presentation, or promotion? |  |  |
|  | If Yes, please describe the bias that you observed. | | |

**Please Return this Evaluation Form to:**

(Insert Name and Address)

**Comments**

In your opinion, what are the activity’s strong points and areas for improvement?

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| --- | --- | --- |
| Strong points |  | Areas for improvement |
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What changes do you plan to make in your practice as a result of this learning activity?

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| What topics should be covered in future training? |

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| Other comments: |

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***Thank you for your valuable feedback.***

***Your comments will be very helpful in improving***

***future continuing education activities.***