# 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 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **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?

|  |  |  |
| --- | --- | --- |
| 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 training? |

|  |
| --- |
|  |
|  |
|  |
|  |

|  |
| --- |
| Other comments: |

|  |
| --- |
|  |
|  |
|  |
|  |

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

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

***future continuing education activities.***