

SAMPLE EVALUATION FORM

Thank you for attending the (NAME OF CPD ACTIVITY). Your feedback is important to us. Please take a moment to complete the evaluation form.

OVERALL EVALUATION												
1. Poor	2. Fair	3. Satisfactory	4. Good		5. Excellent							
The overall quality of all presentations				2	3	4	5					
The sessions were educationally useful				2	3	4	5					
The speakers were knowledgeable and engaging				2	3	4	5					
The overall learning objectives were met			1	2	3	4	5					
The conference staff were helpful and courteous				2	3	4	5					
The registration process was				2	3	4	5					
The conference facilities were				2	3	4	5					
The general organization was				2	3	4	5					
The conference program was				2	3	4	5					
The electronic evaluations were				2	3	4	5					

Please indicate which CanMEDS roles you felt were addressed during this educational activity:

Family Medicine Expert

Medical Expert

Communicator

Collaborator

Manager

Leader

Health Advocate

Scholar

Professional

List the top 3 topics you would like to see for future meetings?

- 1.
- 2.
- 3.

How would you improve the CAMO meeting?

Do you have any comments about the poster boards, registration process, meals, room set-up, etc?

continued



SPEAKER EVALUATION

Title of Sessions:

Date/Day:

Presenter(s):

1. Strongly Disagree	4. Strongly A	4. Strongly Agree					
I was engaged by the	1	2	3	4			
I felt that the presente	le 1	2	3	4			
I did not perceive any	1	2	3	4			
The talk met the state	1	2	3	4			
I acquired new inform	1	2	3	4			
I was provided adequa	1	2	3	4			

If you perceived any sources of commercial bias, please explain:

From what you learned, what will you be able to apply to your practice?

What barriers do you anticipate that might prevent you from applying what you learned?

What might help you overcome these barriers?

Additional comments/feedback: