

Sample: Course Evaluation

Please note this sample document is provided to offer an idea of what a program evaluation may look like and is not a required format. You may use a different document that incorporates the required elements per the CEPA Program Manual (see Guidelines for Provider Approval, Section IV. Course Evaluation).

Course Evaluation

In order to help us evaluate this course and improve future courses, we ask you to take a few minutes of your time to fill out the following form. Your answers will enable us to better judge the effectiveness of the presentation and materials. Please select the scale choice that best represents your opinion and answer the questions about the [type of CE activity] below.

Course Title: _____

Date(s): _____

Presenter(s): _____

Educational goals and learning objectives:					
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Based on the content of the <i>course</i> , I am able to:					
Educational goal #1 (write out specific goal)	<input type="radio"/>				
Educational goal #2 etc. (write out specific goal)	<input type="radio"/>				
Objective #1 (write out specific objective)	<input type="radio"/>				
Objective #2 etc. (write out specific objective)	<input type="radio"/>				
Course Content/Learning Experience:					
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Content was appropriate for [insert experience type] level training.	<input type="radio"/>				
Instruction at a level appropriate to [insert participant's education] level training.	<input type="radio"/>				
Content was appropriate for [insert licensure level] training.	<input type="radio"/>				
Information could be applied to my practice.	<input type="radio"/>				
Teaching methods were effective.	<input type="radio"/>				
Instructional materials were useful.	<input type="radio"/>				
Information was current and accurate.	<input type="radio"/>				
Instructor: [Name]					
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Knew the subject matter.	<input type="radio"/>				
	<input type="radio"/>				
Answered questions effectively.	<input type="radio"/>				
Was responsive to questions, comments, and opinions.	<input type="radio"/>				
Utilized course-appropriate technology to support learning.	<input type="radio"/>				
Location, Facility, Technology, Program Administration:					
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Facility was adequate for my needs.	<input type="radio"/>				
Special needs were met.	<input type="radio"/>				
Facility was comfortable and accessible.	<input type="radio"/>				
Food and beverage were adequate (if applicable)	<input type="radio"/>				
Program's promotional material was informative and accurate.	<input type="radio"/>				
*Questions or problems were addressed effectively and in a timely manner.	<input type="radio"/>				
*Technology contributed to learning	<input type="radio"/>				
*Course technology was user-friendly (if applicable)	<input type="radio"/>				
<i>Note: A CAMFT-approved provider can include additional items to a course evaluation as long as the minimum requirements are met. Below are some examples of additional information providers obtain in their course evaluations.</i>					
Please note your profession and status (check all that apply):					

LMFT	LCSW	LPCC	LEP	PSY		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Student/Trainee	Registered Intern	University Faculty	Medical/Agency Staff	Other		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Please note years in your profession:		Student	1-5	6-10	11-20	20+
		<input type="radio"/>				
What was your overall impression of the course? What went well? What could have been improved?						
What topics or presenters would you like to see at a future CE presentation?						
Other comments:						

**Required for distance-learning courses only*