

Example for questionnaire/evaluation form

Name of event
Place, date

TEACHING COURSES (TC) / WORKSHOP / ETC - EVALUATION FORM

TITLE OF COURSE:

.....

Date: Day, Date

Rating scale: (1) - strongly agree (2) - agree (3) - disagree please circle

1. The content of the *Teaching Course/ Workshop/other* met my expectations / needs

(1) (2) (3)

2. The programme objectives were clearly stated on the hand-out material

(1) (2) (3)

3. The length of this *TC/Workshop/other* was appropriate

(1) (2) (3)

4. Enough time for discussion and queries was provided

(1) (2) (3)

5. The time frame of the *TC/Workshop/other* was kept

(1) (2) (3)

6. Instructors were :

Rating scale: A. excellent / B. good / C. fair / D. poor

Please circle:

Speaker A (A) (B) (C) (D)

Speaker B (A) (B) (C) (D)

Speaker C (A) (B) (C) (D)

7. Meeting room facilities were:

Rating scale: A. excellent / B. good / C. fair / D. poor

Please circle:

(A) (B) (C) (D)

8. Would you recommend such a *TC/Workshop/other* for future Meetings?

yes no

9. Is this the first time you have attended a Meeting (insert name of meeting)?

yes no

Comments:

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Name, Address (optional):

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Professional activity:

Clinical Practice Academic Practice & Research Other

We thank you for filling in the evaluation sheet and returning it after the session. If you do not return this form immediately after the *TC/Workshop/other*, please deposit your completed form at the meeting secretariat by *date, time*.