

Course Evaluation

Title: _____

Presenter: _____

Date: _____ Start Time: _____ End Time: _____

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Learning Objectives: After attending this workshop, I am able to ...					
L01					
L02					
L03					
L04					
L05					
Course Content/Learning Experience					
Content was appropriate to my level of training.					
Information could be applied to my practice.					
Teaching methods were effective.					
Instructional materials were useful.					
Information was current and accurate.					
Instructor					
Knew the subject matter.					
Answered questions effectively.					
Was responsive to questions, comments and opinions.					
Utilized course-appropriate technology to support learning.					
Location, Facility, Technology, Program Administration					
Facility was adequate to my needs.					
Facility was comfortable and accessible.					
Food and beverage were adequate (if applicable).					
Program's promotional material was informative and accurate.					
Special needs of my disability were met.					
What is your professional license (circle all that apply):			MFT	LCSW	PsyD
What was your overall impression of the course? What went well? What could have been approved?					
What would you like to see at future CE presentations?					
Other comments:					