

COURSE AND PRESENTER EVALUATION FORM

The purpose of an evaluation form is to evaluate the quality of the CE activity and the skill level of the presenter in order to maintain high CE program standards.

This form does not document credit or attendance.

*Please note: The ASRT no longer processes evaluation forms. Please submit this form to the ASRT only when requested.

Course and Presenter Evaluation

CE Activity Title _____ Date Attended _____

Presenter's Name _____ ASRT ID or Unique Identifier _____

Please take a few minutes to complete the evaluation of the CE activity and the presenter. Circle the appropriate response.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Presenter delivered the content in a clear and organized manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Presenter held the attention of the audience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Content presented was relevant to my profession.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learning objectives were covered according to the activity description.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, the presenter and activity content met my expectations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

