**Course Evaluation**

|  |  |
| --- | --- |
| **Course Title:**       | **Course Date:**       |
| ***Please identify license(s) held:*** |
| ❑ Psychologist  | ❑ MFT/LCSW/LEP/LPCC  | ❑ RN/NP  | ❑ Physician  |
| ❑ Post-Doc/Intern/Trainee | ❑ Other |  |

***Please assist us with determining the effectiveness of this program by completing the following evaluation.***

|  |  |  |
| --- | --- | --- |
| **A**. **This program met the stated Learning Objectives** | **Strongly****Disagree** |  **Strongly** **Agree** |
|  | **1 2 3 4 5**  |
| Objective 1 |       | **[ ]  [ ]  [ ]  [ ]  [ ]**  |
| Objective 2 |       | **[ ]  [ ]  [ ]  [ ]  [ ]**  |
| Objective 3 |       | **[ ]  [ ]  [ ]  [ ]  [ ]**  |
| Objective 4 |       | **[ ]  [ ]  [ ]  [ ]  [ ]**  |
| **B. Instructors were qualified to present this material.** | **1 2 3 4 5**  |
| Instructor 1       | **[ ]  [ ]  [ ]  [ ]  [ ]**  |
| Instructor 2       | **[ ]  [ ]  [ ]  [ ]  [ ]**  |
| Instructor 3       | **[ ]  [ ]  [ ]  [ ]  [ ]**  |
| **C**. **Course content was:** | **1 2 3 4 5**  |
| 1. Appropriate for intended audience  | **[ ]  [ ]  [ ]  [ ]  [ ]**  |
| 2. Consistent with stated objectives | **[ ]  [ ]  [ ]  [ ]  [ ]**  |
| **D. Overall, you were satisfied with:**  | **1 2 3 4 5**  |
| 1. Your educational experience.  | **[ ]  [ ]  [ ]  [ ]  [ ]**  |
| 2. The method of instructional delivery. | **[ ]  [ ]  [ ]  [ ]  [ ]**  |
| 3. The physical environment of the experience.  | **[ ]  [ ]  [ ]  [ ]  [ ]**  |
| 4. Accessibility of the facilities. | **[ ]  [ ]  [ ]  [ ]  [ ]**  |
| 5. I learned something useful from this program  | **[ ]  [ ]  [ ]  [ ]  [ ]**  |
| ***Comments*** |