**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*** | | | |