

**NAME of EVENT, DATE**

**Evaluation Form – course/speakers**

Date: dd, mm, yyyy,

**1. My major professional activity at present is:** Clinical Practice  Academic/Research  Administration  Other

**Rating scale:** The course met my expectations:

* above my expectations (above)
* met my expectations (on target)
* below my expectations (below)
* no answer

**Please tick one box on each line!**

on target

no answer

below

above

**Speaker 1**

Greater understanding of the topic

Relevant for my practice?

Quality of slides/hand-outs

Speaker was able to attract my attention

on target

no answer

below

above

**Speaker 2**

Greater understanding of the topic

Relevant for my practice?

Quality of slides/hand-outs

Speaker was able to attract my attention

on target

no answer

below

above

**Speaker 3**

Greater understanding of the topic

Relevant for my practice?

Quality of slides/hand-outs

Speaker was able to attract my attention

on target

no answer

below

above

**Speaker 4**

Greater understanding of the topic

Relevant for my practice?

Quality of slides/hand-outs

Speaker was able to attract my attention

on target

no answer

below

above

Would you recommend this session

to your colleagues?

Yes No (please provide more information in the comments section)

Was the information provided overall

free of commercial bias?

Comments and suggestions for future courses/topics:

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**Thank you for filling in this sheet and for your input in quality assessment of this event.**