

**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:

.......................................................................................................................................................

.......................................................................................................................................................

.......................................................................................................................................................

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