

PHOENIX TRAINING GROUP

CONTINUING EDUCATION PROGRAM EVALUATION

PROGRAM TITLE: _____ DATE: _____
 PARTICIPANT NAME: _____ LICENSE/TITLE: _____
 INSTRUCTOR #1: _____ INSTRUCTOR #2: _____

QUALITY OF PROGRAM

Indicate choices by circling appropriate numbers from 1 to 10, (Poor to Excellent)

	Poor		Excellent
1. This program was interesting and enjoyable:	1	2 3 4 5 6 7 8 9 10	
2. This course was practical and useful:	1	2 3 4 5 6 7 8 9 10	
3. The program objectives were met:	1	2 3 4 5 6 7 8 9 10	
4. The program content was relevant:	1	2 3 4 5 6 7 8 9 10	
5. New knowledge or skills were provided:	1	2 3 4 5 6 7 8 9 10	
6. Your thinking was stimulated:	1	2 3 4 5 6 7 8 9 10	
7. The facility accommodations were adequate:	1	2 3 4 5 6 7 8 9 10	
8. I feel confident to apply the skills I have learned:	1	2 3 4 5 6 7 8 9 10	
9. I would recommend this program to others:	1	2 3 4 5 6 7 8 9 10	
10. I would evaluate the overall program as:	1	2 3 4 5 6 7 8 9 10	

PRESENTER EVALUATION

Record name of each presenter and rate their performance and effectiveness in both areas, from 1 to 5...(1 being poor and 5 being excellent)

NAME	KNOWLEDGE OF SUBJECT	STYLE/COMMUNICATION
1. _____	1 2 3 4 5	1 2 3 4 5
2. _____	1 2 3 4 5	1 2 3 4 5

COMMENTS OR SUGGESTIONS _____

