



Model Evaluation Form

Appendix D

Provider Name
Address
Phone/Fax/Email
Provider Logo



[Insert provider name] wants to make our professional development sessions as meaningful as possible. We would appreciate receiving an evaluation of this program from you. Please drop off before you leave or fax or mail to:
[insert fax number; email address; mailing address]

Session Title: _____

Date: _____ Location: _____

Circle one (1) number per question:

	Poor		Excellent	
1. Overall Satisfaction with this session	1	2	3	4
2. Satisfaction with the format	1	2	3	4
3. Met overall personal objectives for attending	1	2	3	4
4. Overall quality of training aids (handouts, a/v, etc.)	1	2	3	4
5. Quality of session content	1	2	3	4
6. Overall knowledge and presentation of speakers	1	2	3	4
7. Applicability/value of knowledge, ideas, or information	1	2	3	4

How could this session be improved:

What other topics would interest you:

Additional comments (please use reverse side for comments if needed):

Thank you for your help in evaluating this program.