

CLINICIAN / PROGRAM EVALUATION FORM

Meeting Title: _____

Seminar Date: _____ Speakers: _____ Seminar Location: _____

Seminar Title: _____

CE Hours: _____

Participant Identification (check one):

- General Practitioner
 Dental Assistant
 Administrator
 Other _____
 Specialist
 Dental Hygienist
 Family/Friend

Rate the following:

	Excellent.....				Poor
<i>Presenter's Methods</i>	5	4	3	2	1
What overall rating would you give these instructors?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were the teaching methods effective?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Were the handout(s) appropriate and useful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Course Content</i>					
To what extent did the course content relate to the stated educational objectives?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What overall rating would you give the entire program?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Participant Benefits</i>					
Were your personal objectives for participation satisfied?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To what degree did this activity enhance your current knowledge or skill?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To what extent did the program allow adequate exchange of information?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Course Setting</i>					
Did the facilities and seating provide an effective learning experience?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was the length of this activity appropriate?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Which subject or area of content was most helpful to you?

Which subject or area of content would you like to know more about?

What other subjects or topics would you like to see offered in the future?

How could this program be improved?

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