**EVALUATION FORM**

**Activity Name:**

Date:

Location:

1. Please indicate which Profession you belong to (you can modify list to reflect target audience):

a) Physician Resident Fellow Medical Student Allied Health Professional Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b) Indicate your specialty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. The activity met the stated learning objectives:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
| Insert overall learning objective  **\*format text using Arial font size 9** | □ | □ | □ | □ | □ |
|  | □ | □ | □ | □ | □ |
|  | □ | □ | □ | □ | □ |

3. Please rate each presentation listed below by stating your agreement / disagreement to the following statements:

**SCALE:** STRONGLY DISAGREE (1) DISAGREE (2) NEUTRAL (3) AGREE (4) STRONGLY AGREE (5)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Disclosure Provided | Content was consistent with stated objective(s) | The speaker incorporated relevant and practical examples | This session promoted interaction. | Overall effectiveness of the speaker |
| Insert Speaker Name Presentation title  **\*format text using Arial font size 9** | Y □ N □ | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
|  | Y □ N □ | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
|  | Y □ N □ | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
|  | Y □ N □ | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
|  | Y □ N □ | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
|  | Y □ N □ | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
|  | Y □ N □ | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
|  | Y □ N □ | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |
|  | Y □ N □ | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 | 1 2 3 4 5 |

4. Describe **two ways** in which you will change your practice as a result of attending this activity:

|  |  |
| --- | --- |
|  | |
|  |

5. Describe what part of this activity was **most useful**:

|  |  |
| --- | --- |
|  | |
|  |

6. Describe how this activity could be **improved**:

|  |
| --- |
|  |
|  |

7. What topics/objectives would you like addressed at future activities?

|  |
| --- |
|  |
|  |

8. Please indicate which CanMEDS/CanMEDS-FM role(s) you felt were addressed during this activity: Mandatory question for RCPSC MOC accredited activities only. Can remove for events that are CFPC Mainpro+ certified events only.

□Medical Expert/Family Medicine Expert □Collaborator □Leader □Health Advocate

□Communicator □Scholar □Professional

9. Did you perceive any degree of bias in any part of the program?

□Yes □No

Please describe any inappropriate bias you observed or perceived:

|  |
| --- |
|  |
|  |

**Highlighted questions are mandatory and must be included. Remove this comment and the yellow highlighter from the evaluation form before providing to participants.**