**Activity Evaluation Form**

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| --- | --- |
| Program Title: |       |
| Location:       | Date:       |

*Note: Participants must attend the entire program, complete and submit this evaluation form in order to receive a completion certificate.*

Instruction: Please rank achievement of the program based on the following scale by checking the appropriate response:

 **5=Strongly Agree 4=Agree 3=Undecided 2=Disagree 1=Strongly Disagree N/A=Not Applicable**

(*To be completed by learners/participants*)

**Learning Outcome(s):**

|  |  |  |
| --- | --- | --- |
| 1. |  | (5) (4) (3) (2) (1) (N/A) |
| 2. |  | (5) (4) (3) (2) (1) (N/A) |

|  |  |
| --- | --- |
| The program was applicable to my learning needs | (5) (4) (3) (2) (1) (N/A) |

**Learning Objectives:**

|  |  |  |
| --- | --- | --- |
| 1. |  | (5) (4) (3) (2) (1) (N/A) |
| 2. |  | (5) (4) (3) (2) (1) (N/A) |
| 3. |  |  |

**Speaker 1**

|  |  |
| --- | --- |
| Name: |  |
| The speaker was knowledgeable and communicated effectively | (5) (4) (3) (2) (1) (N/A) |
| The speaker demonstrated expertise in subject matter | (5) (4) (3) (2) (1) (N/A) |
| The speaker used teaching strategies that were appropriate to enhance learning. | (5) (4) (3) (2) (1) (N/A) |

**Speaker 2**

|  |  |
| --- | --- |
| Name: |  |
| The speaker was knowledgeable and communicated effectively | (5) (4) (3) (2) (1) (N/A) |
| The speaker demonstrated expertise in subject matter | (5) (4) (3) (2) (1) (N/A) |
| The speaker used teaching strategies that were appropriate to enhance learning. | (5) (4) (3) (2) (1) (N/A) |

|  |  |
| --- | --- |
| **Learning Environment:** |  |
| The learning environment was conducive for learning. | (5) (4) (3) (2) (1) (N/A) |
| The educational materials were useful. | (5) (4) (3) (2) (1) (N/A) |
| My learning experience was active. | (5) (4) (3) (2) (1) (N/A) |
| Learning assessment activities were appropriate. | (5) (4) (3) (2) (1) (N/A) |
| The content provided a fair and balanced coverage of the topic. | (5) (4) (3) (2) (1) (N/A) |
| The content was free of commercial bias. | (5) (4) (3) (2) (1) (N/A) |
| **If you answered Disagree or Strongly Disagree regarding bias, please briefly explain:** |
| **I plan to incorporate changes in to my practice as a result of completing this activity.****Please list examples:** | (5) (4) (3) (2) (1) (N/A) |
| **I intend to improve my practice as a result of participating in this educational activity.****Please explain:** | (5) (4) (3) (2) (1) (N/A) |
| **I anticipate barriers to incorporating what I have learned in to my practice.****Please explain:**  | (5) (4) (3) (2) (1) (N/A) |
| **I expect challenges within my interprofessional team while implementing what I/we have learned in to practice.****Please explain:**  | (5) (4) (3) (2) (1) (N/A) |
| **Feedback and suggestions for future activities:** |  |

**Which of the following core competencies for interprofessional collaborative practice apply to this activity?**

[ ]  Values/Ethics for Interprofessional Practice [ ]  Roles/Responsibilities [ ]  Interprofessional Communication

[ ]  Teams and Teamwork [ ]  Not Applicable

**AADE Attributes:**

|  |  |
| --- | --- |
| I plan to apply this program to address the AADE7 Self-Care Behaviors | (5) (4) (3) (2) (1) (N/A) |

Note: Dietitians may submit evaluation of the quality of this program/material on the CDR website at [www.cdrnet.org](http://www.cdrnet.org)

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