

BEACON Course Evaluation



Name of Course/Program:

Date of Course/Program:

Presenter(s) Name:

Overall

1. Please indicate your impression of this course/program by rating it on the following characteristics using a scale of 1 to 10. (10=excellent, 1=very poor) Circle the number you have chosen.

Overall effectiveness
Value for you

2. How much did you learn as a result of this CE program? (Select the appropriate answer)

3. How useful was the content of this CE program for your practice or other professional development? (Select the appropriate answer)

Please rate the following sections using a scale of 5-1: 5: strongly agree; 4: agree; 3: neutral; 2: disagree; 1: strongly disagree

Course Content

5 4 3 2 1

4. The course/program content was relevant to my level of education and/or experience					
5. The course/program content was relevant for my licensure					
6. The course content was current					
7. The course material presented the course content effectively					
8. The handouts / course materials enhanced the content presented					
9. I can apply this material to my current role					

Course Presenter(s)

5 4 3 2 1

10. The presenter was knowledgeable about the content					
11. The presenter presented the subject matter clearly					
12. The presenter was responsive to participants					
13. The presenter used technology effectively, if applicable					

Program Administration

5 4 3 2 1

14. Instructions for requesting accommodations for a disability were clear					
15. Registration was user-friendly					
16. My questions / concerns were addressed effectively					
17. My questions / concerns were addressed in a timely manner					

18. The location was suitable and the facility was conducive to learning

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19. Are there any situations on the job which you feel you will be better able to handle as a result of this course/program? Yes No

Explain:

20. Would you recommend this course/program to others? Yes No

Why?

21. Can you recommend anything that would improve this course/program? Yes No

If so, what?

22. Is this your first time participating in a course/program on this topic? Yes No

If no, what other ones have you taken and approximately how long ago?

Any other comments:

Name (optional):

Thank you for taking the time to fill out this form. Your feedback is important to us!

Please return to
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