{ADD Meeting Title here}

*Jointly Provided by AANS*

{ADD Meeting Dates here}

Sample Participant Evaluation Form

Rating Scale (Circle the appropriate letter)

1=Poor 2=Fair 3=Good 4= Very Good 5= Excellent

LEARNING OBJECTIVES

How well were the following objectives met?

1. Objective 1 1 2 3 4 5

(Please write out each objective)

1. Objective 2 1 2 3 4 5

Comments:

PROGRAM

1. Topics addressed completely 1 2 3 4 5
2. Content relevant to my practice 1 2 3 4 5
3. Opportunities for questions/discussion 1 2 3 4 5
4. What did you like most about this meeting?
5. What changes do you intend to make in your practice as a result of the meeting?
6. How could this meeting be improved?
7. Did you perceive any commercial bias during this program? Yes No If yes, please explain what was perceived as promotional and not educational,

(Please include the presentation title and presenter):

1. What topics for future programs or information would be of greatest interest to you?

FACULTY

1. Faculty communicated clearly and effectively within the allotted time:

1 2 3 4 5

1. I recommend the following speaker(s) for your consideration in future planning:

Comments regarding faculty:

Name: (optional) \_ (Please Print)

Please turn in this completed evaluation at the end of the meeting to staff at the registration desk. Your answers will be kept confidential.

*Thank you*.

NOTE: You will receive a request from AANS to participate in a follow-up survey at the start of the new year as to what changes you made in your practice as a result of participating in this CME activity and/or what barriers prevented you from making the changes in your practice.