

## Concurrent Disorders Series Evaluation Questionnaire

**Session Topic:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Your Location:** \_\_\_\_\_

**On a scale of 1 to 5, where 1 is Strongly Disagree and 5 Strongly Agree, how would you rate your overall agreement with each of the following?**

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
1. The objectives were clearly defined.	1	2	3	4	5
2. The stated learning goals were achieved.	1	2	3	4	5
3. The material was relevant or applicable to my practice.	1	2	3	4	5
4. I learned something new from this session.	1	2	3	4	5
5. The session was presented in a credible and unbiased manner	1	2	3	4	5
6. The knowledge or ideas gained from this session will improve my ability to provide clinical service.	1	2	3	4	5
7. I increased my level of understanding on the topic.	1	2	3	4	5
8. There was enough opportunity for questions and discussion.	1	2	3	4	5
9. The session was well organized.	1	2	3	4	5
10. The presenter was effective in this medium.	1	2	3	4	5

11. What change(s) do you plan to make to your practice as a result of attending this session? \_\_\_\_\_

\_\_\_\_\_

12. What aspect of the session did you find most useful? \_\_\_\_\_

\_\_\_\_\_

13. How could this session be improved? \_\_\_\_\_

\_\_\_\_\_

14. Do you have any other comments about today's session? \_\_\_\_\_

\_\_\_\_\_

15. Do you have suggestions for future topics? \_\_\_\_\_

\_\_\_\_\_

**On a scale of 1 to 5, where 1 is Strongly Disagree and 5 Strongly Agree, how would you rate your overall agreement with each of the following?**

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE
16. The technology is suitable for this application.	1	2	3	4	5
17. Picture quality was clear.	1	2	3	4	5
18. Sound quality was clear.	1	2	3	4	5

Thank you for taking the time to complete this questionnaire.

**Return to Practice Advancement Fax: (403) 783-7641**