

Course Evaluation Form

All attendees: Please answer the following questions and hand in the completed form at the end of the session.

Course Title: _____ **Course Date:** _____

Location: The Centre for Mindfulness Studies, 180 Sudbury Street, Toronto, Ontario M6J 0A8

1. To what extent were the learning objectives for this session met?

Not at All

1

2

3

4

Completely

5

2. How relevant was the information presented in this session to your practice?

Not at All Relevant

1

2

3

4

Very Relevant

5

3. The teaching method enabled me to make the link between the new knowledge provided and my practice.

Poor

1

Fair

2

Good

3

Very Good

4

Excellent

5

4. Information was presented clearly?

Not at All

1

2

3

4

Completely

5

5. The facilitator created an interactive environment between the speaker and the participants.

Not at All

1

2

3

4

Completely

5

6. The teaching method used in the workshop facilitated my participation.

Not at All

1

2

3

4

Completely

5

7. Overall, how would you rate this session?

Poor

1

Fair

2

Good

3

Very Good

4

Excellent

5

The Overall Program				
1 – strongly disagree	2 – disagree	3 – neutral	4 – agree	5 – strongly agree
				2 3 4 5
The program was relevant to mental health care.				2 3 4 5
The program met the stated objectives.				2 3 4 5
The program met my expectations.				2 3 4 5
I was able to interact with other participants.				2 3 4 5
The program was credible and non-biased.				2 3 4 5
The program was well organized.				2 3 4 5
There was adequate time.				2 3 4 5

Describe two particularly strong features of this program.

① _____

② _____

Describe two areas of weakness you would like to see changed.

① _____

② _____

List two ways you will change your practice as a result of participating in this session.

① _____

② _____
