Name of Organization

Course Title

Date – City, State

**Part 1: Teaching Effectiveness of the Presenters**

Please rate the teaching effectiveness of the presenters using the scale below:

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Effectiveness of Presenter | | | |
| Sessions of Program In Order | Organization | Delivery | Content | Audio Visual |
| Title of Lecture  **Presenter Name** |  |  |  |  |
| Title of Lecture  **Presenter Name** |  |  |  |  |
| Title of Lecture  **Presenter Name** |  |  |  |  |
| Title of Lecture  **Presenter Name** |  |  |  |  |
| Title of Lecture  **Presenter Name** |  |  |  |  |

**Part 2: Your Achievement of Educational Objectives**

Please rate the degree to which you believe you achieved the educational objectives for this symposium by placing a check mark in the appropriate box

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | I achieved this activity’s educational objectives | | | |
| Sessions of Program In Order | Strongly Agree | Agree | Disagree | Strongly Disagree |
| Title of Lecture |  |  |  |  |
| Title of Lecture |  |  |  |  |
| Title of Lecture |  |  |  |  |
| Title of Lecture |  |  |  |  |
| Title of Lecture |  |  |  |  |

**Part 3: Program Integrity**

Indicate your agreement with the following statement by checking the appropriate response:

The content of this course was presented without bias of any commercial product or drug

**Strongly Agree\_\_\_\_ Agree \_\_\_\_\_ Disagree\_\_\_\_\_ Strongly Disagree\_\_\_\_**

If you believe that any specific session was presented with commercial bias please indicate the session by circling it on this evaluation form.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AARC Member # (if applicable)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please Print Clearly)

*Comments section on other side of form*

(Optional) Please provide additional comments or suggestions on the event, topics and presenters: