#### Speaker Evaluation

Please indicate your profession:

|  |  |  |
| --- | --- | --- |
| [ ]  Physician | [ ]  Nurse Practitioner  | [ ]  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| [ ]  Physician Assistant | [ ]  Nurse | [ ]  Pharmacist [ ]  Pharmacy Tech |

Using the scale below, please enter the number that best reflects your assessment:

4 – Strongly Agree 3 – Agree 2 – Disagree 1 – Strongly Disagree

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Knowledgeable****About Subject** | **Teaching and Learning Method Effective** | **Learning Assessment Appropriate (i.e.,case studies, discussions, or** Q&A) | **Presented Material Clearly** | **Educational Materials****Useful** | **I Obtained Information and Ideas That Will Be Useful** | **Met Stated Objectives** |
| Presentation TitleSpeaker |  |  |  |  |  |  |  |
| Presentation Title*Speaker* |  |  |  |  |  |  |  |
| Presentation Title*Speaker* |  |  |  |  |  |  |  |
| Presentation Title*Speaker* |  |  |  |  |  |  |  |
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| Presentation Title*Speaker* |  |  |  |  |  |  |  |
| Presentation TitleSpeaker |  |  |  |  |  |  |  |
| Presentation TitleSpeaker |  |  |  |  |  |  |  |

This activity met my educational needs [ ]  Yes [ ]  No

The activity was presented in a fair and unbiased manner. [ ]  Yes [ ]  No

If a speaker did NOT achieve the objectives or present in a fair and balanced manner free from commercial bias, please indicate their name and explain:

|  |
| --- |
| Please list additional topics for which you need continuing education and use the scale to indicate level: |
| 1 = No knowledge, skill, or experience | 2 = Working knowledge, skill, experience | 3 = Mastery knowledge, skill, experience |
| **Topic** | **Present Level** | **Needed Level** |
|  | 1 | 2 | 3 | 1 | 2 | 3 |
|  | 1 | 2 | 3 | 1 | 2 | 3 |
|  | 1 | 2 | 3 | 1 | 2 | 3 |
|  | 1 | 2 | 3 | 1 | 2 | 3 |

We welcome any additional comments about this activity: