

**APPENDIX IV:**

**ACTIVITY/PROGRAMME EVALUATION FORM FOR PARTICIPANTS**

**Activity<sup>1</sup> / Program<sup>2</sup> Evaluation Form**

Title of Activity/Program:	Date:
Duration:	Venue:

**1. Please rate the level of meeting activity/program objectives (tick your response)**

TABLE 1

	Poor (1)	Fair (2)	Good (3)	Very good (4)	Excellent (5)
Objective 1					
Objective 2					
Objective 3					
Objective 4					
Objective 5					

**2. Please rate the following aspects of this CPD activity/program (tick your responses):**

TABLE 2

	Poor (1)	Fair (2)	Good (3)	Very good (4)	Excellent (5)
Educational Content					
Quality of training materials					

<sup>1</sup> **CPD Activity** means a process that meets an educational and developmental need; and provides an effective learning experience for the participants lasting at least one (1) CP hour. 45-60 minutes (1CP hour).

<sup>2</sup> **CPD Program** means series of CPD activities lasting a minimum of 6 CPD hours and a maximum of 15 CPD hours

Overall Quality of Facilitator/ presenter					
Questions & Discussions					
Relevance To Profession					
Practical sessions (if any)					
Quality of Audiovisual Services					
Overall Quality of Activity					

**3. Please rate the following facilitation aspects of this CPD activity (circle your response:**

TABLE 3

	POOR	FAIR	GOOD	VERY GOOD	EXCELLEN T
Venue suitability					
Catering facilities					
Program punctuality					

1. Which topic was most relevant to you

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2. Suggest areas for Improvement:

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3. Suggest future topics:

