



HEALTH CARE

Human Research Protection Program
Department of Research Integrity



EDUCATIONAL SESSION EVALUATION FORM

Thank you for helping us to continually improve the value of our educational sessions. In order to receive your educational credit certificate, please take a moment to answer the questions below. **Fax completed form to 248-276-9732 or email to Susmita.Jain@mclaren.org.**

| | | | | |
|--|------------------------------------|------------------------------------|-------------------------------|-------------------------------|
| TITLE | | | | |
| Presenter(s) | | | | |
| Date | | | | |
| <u>Presenter(s)</u> | | | | |
| Presenter(s) knowledge of the topic | Excellent <input type="checkbox"/> | Very Good <input type="checkbox"/> | Fair <input type="checkbox"/> | Poor <input type="checkbox"/> |
| Teaching method effective | Excellent <input type="checkbox"/> | Very Good <input type="checkbox"/> | Fair <input type="checkbox"/> | Poor <input type="checkbox"/> |
| Objectives of this presentation were met | Excellent <input type="checkbox"/> | Very Good <input type="checkbox"/> | Fair <input type="checkbox"/> | Poor <input type="checkbox"/> |
| <u>Content</u> | | | | |
| This presentation was relevant to my responsibilities. | Yes <input type="checkbox"/> | Somewhat <input type="checkbox"/> | No <input type="checkbox"/> | |
| This presentation increased my knowledge or skills. | Yes <input type="checkbox"/> | Somewhat <input type="checkbox"/> | No <input type="checkbox"/> | |
| Webinar teaching format was conducive to learning. | Yes <input type="checkbox"/> | Somewhat <input type="checkbox"/> | No <input type="checkbox"/> | |
| The time allotted was appropriate. | Yes <input type="checkbox"/> | Somewhat <input type="checkbox"/> | No <input type="checkbox"/> | |
| Presentation handouts were useful. | Yes <input type="checkbox"/> | Somewhat <input type="checkbox"/> | No <input type="checkbox"/> | |
| <u>Comments/Suggestions</u> | | | | |
| What part of this presentation was most useful? | | | | |
| Any suggestions for improvement? | | | | |
| What topics would you like to see presented in future? | | | | |
| Name | Phone/email | | | |