



# Home Ed

The HOME Network  
Education Series

Healthcare professionals supporting Others with Medical Education

## Evaluation form

Thank you for participating in educational meeting. Please take a few minutes to let us know if we have met your expectations by answering the following questions and providing comments on how we might improve our next educational activity. Your feedback is greatly appreciated.

**Presentation title:**

**Speaker:**

**Venue:**

**Date:**

We are interested in your feedback. All feedback you provide will be treated confidentially.

1. Upon completion of this meeting, please indicate the degree to which the following meeting objectives were met.

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☐ Not met

☐ Partially met

☐ Entirely met

--

☐ Not met

☐ Partially met

☐ Entirely met

--

☐ Not met

☐ Partially met

☐ Entirely met

--

☐ Not met

☐ Partially met

☐ Entirely met

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**2. How relevant was this meeting to your clinical role(s)?**

- ☐ Not relevant      ☐ Somewhat relevant      ☐ Very relevant

**3. How would you rate the format of the session?**

- ☐ Poor      ☐ Average      ☐ Good      ☐ Excellent

**4. How would you rate the content of the session?**

- ☐ Poor      ☐ Average      ☐ Good      ☐ Excellent

**5. Was there an appropriate balance between information presented and time for discussion?**

- ☐ Yes      ☐ No

**6. Would you take part in a session such as this again?**

- ☐ Yes      ☐ No

**7. Please use the space below if you would like to provide any other comments.**

Comments:

**Thank you for completing this evaluation form.**

Please leave your completed evaluation form on the seat for collection at the close of the session.