Continuing Education Evaluation Form

Course: ________________________________________________
Conference location: ________________________________________________________________
Date: ________________________________________________

I. Please rate the following areas:
   A. Course content:
      Excellent _____  Good _____  Fair _____  Poor _____
   B. Organization of the course:
      Excellent _____  Good _____  Fair _____  Poor _____
   C. Presentation of materials (lectures, demos):
      Excellent _____  Good _____  Fair _____  Poor _____
   D. Course instructor:
      Excellent _____  Good _____  Fair _____  Poor _____
   E. Allotted time to cover material:
      Excellent _____  Good _____  Fair _____  Poor _____
   F. Facilities:
      Excellent _____  Good _____  Fair _____  Poor _____

II. Did this course meet your expectations? (Please explain.)

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

III. Specific suggestions for future topics and speakers:

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

New York Physical Therapy Association