## **Washington State Psychological Association**

Program Evaluation Summary

Program Title:
Date:
Time (should be equal to CE hours):
Presenter(s):

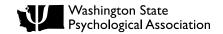
A. Program	1 - Strongly Disagree 5 -Strongly Agree	
Overall, the program met or exceeded my expectations	1 2 3 4 5	
I gained new knowledge as a result of this CE program	1 2 3 4 5	
Length of the program was adequate	1 2 3 4 5	
The program description was accurate	1 2 3 4 5	
Audio/Visual aids were helpful	1 2 3 4 5	
Handouts were current and useful	1 2 3 4 5	
How useful was the content of this CE program for your practice or other professional development?	1 2 3 4 5	
How much did you learn as a result of this CE Program?	1 2 3 4 5	

B. Course Objectives (please indicate how well objectives were met)	1 - Strongly Disagree 5 - Strongly Agree
	1 2 3 4 5
	1 2 3 4 5
	1 2 3 4 5
	1 2 3 4 5
	1 2 3 4 5
	1 2 3 4 5

C. Evaluation of faculty in stated area	1 - Strongly Disagree 5 - Strongly Agree
Presenter(s) seemed knowledgeable concerning topics covered	1 2 3 4 5
Presenter(s) were well prepared/organized	1 2 3 4 5
Presenter(s) answered questions satisfactorily	1 2 3 4 5
Content was presented clearly and effectively	1 2 3 4 5
Presenter(s) were responsive to questions and comments	1 2 3 4 5
Presenter(s)' teaching style was effective	1 2 3 4 5
Content presented was applicable to my practice	1 2 3 4 5

D. As a result of attending this course, I see the value to me in the following ways:		
I gained one or more specific ideas that I can implement in my area of practice.	It may help me do a better job.	
I learned a new approach to my practice.	Other:	
I do not see the impact of this course on my job.		

Survey continues on next page.



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E. By attending this course, I believe (check all that apply):	
I was able to update my skills.	I am reconsidering my views toward the topic(s) presented.
I acquired new and/or advanced skills.	The topic presented was appropriate, but I am undecided as to my own views.
I have better knowledge upon which to base my decisions/actions in the practice setting.	Other:

F. Logistics/Staff	1 - Strongly Disagree 5 - Strongly Agree
The enrollment was smooth and efficient	1 2 3 4 5
Staff was responsive and helpful	1 2 3 4 5
The quality of the facilities was adequate	1 2 3 4 5

Comments and recommendations for change if program is presented again (e.g. length, handouts, format, etc.)?

Suggestions for future program topics or other general comments? (Please print legibly.)

## PLEASE DROP THIS FORM IN THE BOX PROVIDED AT THE EXIT.

If you have any other questions please contact WSPA.

CE credit WILL NOT be issued to attendees who miss 15 or more minutes.

