

Sample Evaluation Form

Please enter the number of hours you attended:*

Participant Demographics:*

- Advanced Practice Provider
- Nurse Practitioner
- Pharmacist
- Physician (MD/DO)
- Physician Assistant
- RN/LPN
- Student
- Other, please specify

If other participant, please specify: _____

Objectives

(fill in activity objectives)

Based on the global objectives above, select all the changes you plan to implement.*

- Practice
- Clinical-patient or interprofessional communications
- Quality improvement
- Safety
- Effective and/or efficient care delivery
- Teamwork or interprofessional collaborative practice
- Patient education
- I do not plan to implement any changes.
- Other

If other, please specify: _____

If you do not plan to make changes, please specify why. (Check all that apply)

- Current practice is satisfactory.
- I disagreed with recommendations made.
- Not confident enough in my ability to make the needed changes.
- Lack of an implementation plan.
- Other

If other, please specify: _____

*denotes required question

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What new team-based patient care strategies will you employ as a result of this activity?*

- Improve case formulations
- Improve communication of dynamic formulation with my care team members
- Improve understanding of the biopsychosocial context
- Improve integration and communication with patients about the treatment system.
- None
- Other, please specify

If other participant, please specify: _____

Do barriers to implementing change exist in your practice?*

- Yes
- No

Please identify barriers that may prevent you from applying what you learned.

Did the speakers effectively promote learning and engage the audience?

- Yes
- No

Did any speaker or presentation stand-out?

Is there anything new/different or challenging in your work/practice that you would like to learn more about?

How likely are you to recommend this activity to a colleague?*

- Very
- Somewhat
- Undecided
- Not Really
- Not at All

Sample Evaluation Form

Please provide an overall rating for this activity.*

- 1 star
- 2 stars
- 3 stars
- 4 stars
- 5 stars

Please share any additional comments you may have about this activity.
