

**ITEM #7**

**Name of Program**  
**Program Evaluation**

Program Title: \_\_\_\_\_

Date: \_\_\_\_\_ Profession:  Aud       SLP       Other

Please use this rating system for the following questions:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. This program had clearly stated learning outcomes	1	2	3	4	5
2. The learning outcomes of the program were met	1	2	3	4	5
3. Audiovisuals and handouts were an asset	1	2	3	4	5
4. The instructors appeared to be knowledgeable about the subject matter	1	2	3	4	5
5. The speakers communicated the content at a level appropriate for my expertise	1	2	3	4	5
6. Adequate time was allocated for sufficient information to be presented	1	2	3	4	5
7. Sufficient time was allotted for questions and participant discussion	1	2	3	4	5
8. The facilities were conducive to learning	1	2	3	4	5

Strengths of the program: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Weaknesses of the program: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_