

Department of Child and Adolescent Psychiatry and Behavioral Sciences
 Children's Hospital of Philadelphia
 AMERICAN PSYCHOLOGICAL ASSOCIATION
Continuing Education Participant Satisfaction/Evaluation Form

Program Title:

Date:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	N/A
Instruction						
1. The program objectives were met:						
A.	1	2	3	4	5	
B.	1	2	3	4	5	
C.	1	2	3	4	5	
2. Accuracy and utility of content were discussed	1	2	3	4	5	
3. Content was appropriate for postdoctoral level training	1	2	3	4	5	
4. Instruction was at a level appropriate to postdoctoral level training.	1	2	3	4	5	
5. Teaching methods were effective.	1	2	3	4	5	
6. Visual aids and oral presentations clarified content	1	2	3	4	5	
Instructor						
7. Knew the subject matter	1	2	3	4	5	
8. Taught the subject competently	1	2	3	4	5	
9. Elaborated upon the stated objectives	1	2	3	4	5	
10. Presented content in an organized manner	1	2	3	4	5	
11. Maintained my interest	1	2	3	4	5	
12. Answered questions effectively	1	2	3	4	5	
13. Was responsive to questions, comments, and opinions	1	2	3	4	5	
Venue, Setting, etc.						
14. Facility was adequate for my needs	1	2	3	4	5	
15. Special needs were met	1	2	3	4	5	
16. Facility was comfortable and accessible	1	2	3	4	5	
17. Program brochure was informative and accurate	1	2	3	4	5	
Professional & Ethical Issues						
18. The presenter (or program chair) made clearly evident, prior to registration, the following:						
a. Requirements for successful completion of activity				Yes	No	
b. Commercial support for CE program, sponsor, or instructor (or any other relationship) that could reasonably be construed as a conflict of interest				Yes	No	
c. Commercial support for content of instruction (e.g., research grants funding research findings etc.) that could reasonably be construed as a conflict of interest				Yes	No	
d. Commercial support or benefit for endorsement of products (e.g., books, training, drugs, etc.) that could reasonably be construed as a conflict of interest				Yes	No	
e. Accuracy and utility of the materials presented, the basis of such statements, the limitations of the content being taught and the severe and most common risks				Yes	No	
Learning						
19. How useful was the content of this CE program for your practice or other professional development?	1	2	3	4	5	
20. How useful was the information in contributing to achieving personal or professional goals?	1	2	3	4	5	
21. How much did you learn as a result of this CE program?	Very Little	Little	Some	A Good Bit	A great deal	

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22. Cultural, racial, ethnic, socioeconomic, and gender differences were considered.	Yes	No				
23. Did this program enhance your professional expertise?	Yes	No				
24. Would you recommend this program to others?	Yes	No				
Participant Information						
25. Please note your profession and status (Check all that apply)	<input type="checkbox"/> Psychologist	<input type="checkbox"/> Medical Professional	<input type="checkbox"/> Masters Level Licensed Therapist	<input type="checkbox"/> Social Worker	<input type="checkbox"/> Trainee	<input type="checkbox"/> University Faculty
	<input type="checkbox"/> Administrator	<input type="checkbox"/> Other:				
26. Please note years in your profession	<input type="checkbox"/> Student	<input type="checkbox"/> 1-5	<input type="checkbox"/> 6-10	<input type="checkbox"/> 11-20	<input type="checkbox"/> 20+	
Narrative						
27. What was your overall impression of the activity? What went well? What could have been improved?						
28. What did you learn that was new or different? How and/or will this information change how you practice?						
29. What topics or presenters would you like to see at future CE presentations?						
30. Other comments						