

Podunk City Study Club Course Evaluation Form

Course Title: _____

Date: _____

Presenter: _____

Location: _____

Course Type: Lecture Participation Mastertrack

We are constantly trying to improve the quality of our continuing education courses. Please take a few minutes at the completion of the program to evaluate this course and presenter.

Thank you!

First, tell us a little bit about you (circle):

AGD Dentist Non-AGD Dentist Hygienist Dental Assistant Office Staff Other _____

For AGD Dentists, are you a: Pre-Fellow Fellow Master

Please give us your candid reactions on the following statements, and comment if it would help us understand what you appreciated or any concerns you had:

| | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree |
|---|----------------|-------|----------------------------|----------|-------------------|
| 1. Meeting site was adequate in size, comfortable and convenient | | | | | |
| 2. Course administration was efficient and friendly | | | | | |
| 3. Course objectives were consistent with the course as advertised | | | | | |
| 4. Course material was up-to-date, well-organized and presented in sufficient depth | | | | | |
| 5. Instructor demonstrated a comprehensive knowledge of the subject | | | | | |
| 6. Instructor appeared to be interested and enthusiastic about the subject | | | | | |
| 7. Instructor spoke clearly and distinctly | | | | | |
| 8. Instructor encouraged questions and participation | | | | | |
| 9. Audio-visual materials used were relevant and of high quality | | | | | |
| 10. Handout materials enhanced course content | | | | | |
| 11. Overall, I would rate this course positively | | | | | |
| 12. Overall, I would rate this instructor positively | | | | | |

Any additional comments? Feel free to use the other side of the paper:

Other topics and/or speakers you would like offered: