

Participant Evaluation Form

<i>CPD activity</i>	
<i>Duration of the CPD activity</i>	From ___/___/___ to ___/___/___
<i>Venue</i>	

Please evaluate the CPD activity by scoring each component of the activity with the appropriate numerical rank. Leave blank anything that does not apply. You may choose to give your name or to remain anonymous. Please note that if you have any complaints on the CPD activity, you can approach the IFS [Tel. (+853) 8297 2623/8297 2613].

<i>Component of the activity</i>		<i>Ranking</i>				
		<i>Poor</i> (1)	<i>Below Average</i> (2)	<i>Average</i> (3)	<i>Above Average</i> (4)	<i>Excellent</i> (5)
1	<i>Is topic appropriate for my professional development?</i>					
2	<i>Was course what I expected?</i>					
3	<i>Did course material fit within time allowed?</i>					
4	<i>Was course well organized?</i>					
5	<i>Was presentation clear?</i>					
6	<i>Was pace of presentation appropriate?</i>					
7	<i>Were audiovisuals and handouts clear and helpful?</i>					
8	<i>Was adequate discussion time scheduled?</i>					
9	<i>Were questions welcomed and answered?</i>					
10	<i>Were comfort breaks offered?</i>					
11	<i>Was the material new and/or challenging?</i>					
12	<i>Was overall quality of the activity high?</i>					
13	<i>Likelihood I would recommend activity to colleagues?</i>					
14	<i>Was the venue appropriate?</i>					

Was the activity too long? *No* *Yes*

Here are my comments I'd like to make

Signature (optional) _____

Date ___/___/___

Attendance Monitoring Procedures
(please elaborate for each item)

1	<i>Key principles</i>	
2	<i>Thresholds</i>	
3	<i>Registers</i>	
4	<i>Reporting</i>	