

ANIMAL MEDICINES TRAINING REGULATORY AUTHORITY

CONTINUOUS PROFESSIONAL DEVELOPMENT ACTIVITY EVALUATION FORM

We are seeking information about your perceptions of the activity that you have just experienced. Please take a few moments at the end of the session to answer these questions using the scale shown below and return to the activity leader before you leave.

ACTIVITY TITLE: _____

Date: _____

1= POOR	2= BELOW SATISFACTORY	3= SATISFACTORY	4= GOOD	5= EXCELLENT
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1. Were you made clear of the objectives of the activity at the start? (Please circle your response) YES/NO

2. Please rate the activity in relation to the following: (please circle one response per row)

THE ACTIVITY ACHIEVED THE OBJECTIVES 1 2 3 4 5

THE ACTIVITY MET MY NEEDS 1 2 3 4 5

3. Please rate the activity in relation to the following: (please circle one response per row)

CONTENT 1 2 3 4 5

STRUCTURE & INTEGRATION 1 2 3 4 5

TEACHING METHODS & TUTOR ATTITUDE 1 2 3 4 5

TEACHING MATERIALS (e.g Handouts) 1 2 3 4 5

4. Did you find the course: (please circle your response)

EASY CHALLENGING DIFFICULT HURRIED WELL PACED SLOW

5. Please rate the activity in relation to the following: (please circle one response per row)

PUBLICITY 1 2 3 4 5

PRE- ACTIVITY CONTACT 1 2 3 4 5

TEACHING ACCOMMODATION 1 2 3 4 5

6. Please rate your overall experience (please circle your response)

1 2 3 4 5

7. Would you recommend the activity to a colleague? (Please circle your response) YES/NO

8. Any other comments:

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