

Participant Evaluation

Name of program sponsor: _____

	Yes	No	Neutral or N/A
1) Did the material provided help meet the learning objective?	_____	_____	_____
2) Was the CPE program relevant to your job?	_____	_____	_____
3) Did the presenter help meet the learning objective?	_____	_____	_____
4) Over all was this CPE program effective?	_____	_____	_____

Additional Comments:

Participant's signature: _____ Date: _____