

**Stroke Network of Southeastern Ontario
Professional Education Stroke Fund**

Field Training
Education Support Program

Evaluation Form
Updated September 2011

Date: _____

Title of Education Event: _____

Professional Designation/Role: _____

Organization or Facility: _____

1. The 3 most significant things I learned today were

- i. _____
- ii. _____
- iii. _____

2. What was of **least** value to you and **why**?

3. Please indicate the number that best reflects your satisfaction with the following aspects of this education session.

	Very satisfied			Very dissatisfied		
	5	4	3	2	1	N/A
<i>Organization of the session</i>	5	4	3	2	1	N/A
<i>Relevance of session content</i>	5	4	3	2	1	N/A
<i>Thoroughness of session content</i>	5	4	3	2	1	N/A
<i>Written materials provided</i>	5	4	3	2	1	N/A
<i>Question and answer</i>	5	4	3	2	1	N/A
<i>Expertise of presenter(s)</i>	5	4	3	2	1	N/A

4. Stroke care topics I would like to learn more about include.....

5. I would also like to mention that.....

Thank you for completing this evaluation. Instructor to submit evaluation form by fax or mail to:

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