

ATRA Evaluation Form

Form ID: S2-ATRA001 v1.3



Right: Wrong:



Speaker's Name/Session Name:

Session #

<input type="text"/>	<input type="text"/>	<input type="text"/>
A <input type="radio"/>	0 <input type="radio"/>	0 <input type="radio"/>
B <input type="radio"/>	1 <input type="radio"/>	1 <input type="radio"/>
C <input type="radio"/>	2 <input type="radio"/>	2 <input type="radio"/>
D <input type="radio"/>	3 <input type="radio"/>	3 <input type="radio"/>
	4 <input type="radio"/>	4 <input type="radio"/>
	5 <input type="radio"/>	5 <input type="radio"/>
	6 <input type="radio"/>	6 <input type="radio"/>
	7 <input type="radio"/>	7 <input type="radio"/>
	8 <input type="radio"/>	8 <input type="radio"/>
	9 <input type="radio"/>	9 <input type="radio"/>

Strongly Met ▼	Met ▼	Did not Meet ▼	Strongly Did not Meet ▼	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5.

Learning Objectives: Please fill in the bubble corresponding to how well you feel the session met the stated learning objective.

Strongly Agree ▼	Agree ▼	Disagree ▼	Strongly Disagree ▼	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1. This session contributed to my professional knowledge.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2. This session was well organized.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3. The speaker(s) were knowledgeable about their subject.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4. The content of this session was relevant to my needs.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5. The presentation style was effective.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6. The environment was conducive to learning.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7. The use of audio-visual aids was effective.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8. The handouts reinforced session content.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9. I would be interested in attending additional sessions on this topic.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10. Overall, this session was excellent.

Fill in the bubble corresponding to how well you feel this session met the following criteria:

Additional Comments:

Continue on back side