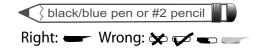
## ATRA Evaluation Form

Form ID: S2-ATRA001 v1.3





Continue on back side ....

Speaker's Name/Session Name:							Session	#
Strongly Met	Met	Did not Meet	Strongly Did not Meet	Learning Objectives: Please fill in the corresponding to how well you feel the met the stated learning objective.		A O B O C O D O	0	0 C 1 C 2 C 3 C 4 C 5
			<b>▼</b> 1	l.			5 ( )	5 C
				).			7	7 C
				3.			9	9_
				<b>l</b> .				
			_	5.				
Strongly Agree	Agree	Disagree	Strongly Disagree	Fill in the bubble corresponding to how the following criteria:	well you feel this se	ession n	net	
			<b>▼</b>	. This session contributed to my profess	ional knowledge.			
			□ 2	. This session was well organized.				
			□ 3	. The speaker(s) were knowledgeable a	bout their subject.			
			<b>4</b>	. The content of this session was relevan	nt to my needs.			
			□ 5	. The presentation style was effective.				
			○ 6	. The environment was conducive to lea	rning.			
			<b>7</b>	. The use of audio-visual aids was effect	tive.			
			<b>S</b>	. The handouts reinforced session conte	ent.			
			<b>9</b>	. I would be interested in attending addit	tional sessions on t	this topi	C.	
			□ 1	0. Overall, this session was excellent.				
Addit	ional Com	ments:						