ATRA Evaluation Form

Form ID: S2-ATRA001 v1.3

black/blue pen or #2 pencil

Right: ▬ Wrong: ✗ ✓ ▬ ▭

Speaker's Name/Session Name:

Session #

	A ⬭	0 ⬭	0 ⬭
	B ⬭	1 ⬭	1 ⬭
	C ⬭	2 ⬭	2 ⬭
	D ⬭	3 ⬭	3 ⬭
		4 ⬭	4 ⬭
		5 ⬭	5 ⬭
		6 ⬭	6 ⬭
		7 ⬭	7 ⬭
		8 ⬭	8 ⬭
		9 ⬭	9 ⬭

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

Strongly Met	Met	Did not Meet	Strongly Did not Meet	
⬭	⬭	⬭	⬭	1.
⬭	⬭	⬭	⬭	2.
⬭	⬭	⬭	⬭	3.
⬭	⬭	⬭	⬭	4.
⬭	⬭	⬭	⬭	5.

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

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

Additional Comments: