



Uganda Medical and Dental Practitioners Council
Form no. Course Evaluation Form

Course Evaluation form									
Name of the Institution:									
Name of Coordinator of CPD activity/event:									
Course Name:				Date:					
Overall, I would rate the..... (please check the appropriate response)									
Program: Excellent <input type="checkbox"/> Above Average <input type="checkbox"/> Below Average <input type="checkbox"/> Poor <input type="checkbox"/>									
Facilities: Excellent <input type="checkbox"/> Above Average <input type="checkbox"/> Below Average <input type="checkbox"/> Poor <input type="checkbox"/>									
This course/event (please check or comment on all that apply)									
<input type="checkbox"/> Was relevant to my practice		<input type="checkbox"/> was not relevant to my practice							
<input type="checkbox"/> Met the stated objectives		<input type="checkbox"/> Did not meet the stated objectives							
<input type="checkbox"/> Satisfied my expectations		<input type="checkbox"/> did not satisfy my expectations							
<input type="checkbox"/> Will alter my practice performance		<input type="checkbox"/> Will not alter my practice performance							
<input type="checkbox"/> Will not alter my practice									
<input type="checkbox"/> Others (Please specify in what way(s):									
What modifications would you suggest?									
Was sufficient time allowed for audience participation? Yes <input type="checkbox"/> No <input type="checkbox"/>									
Did you find the course/event to be free of commercial bias? Yes <input type="checkbox"/> No <input type="checkbox"/>									
Speaker Evaluation Please rate by circling the appropriate number									
1=Poor		2=Fair		3=Good		4=Very Good		5=Excellent	
Speaker/Topic	Content	Delivery	AV Aids	Overall	Comments				
a)	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5					
b)	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5					
c)	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5					
d)	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5					
e)	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5					
f)	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5					
The two most important things I learned from this meeting were:									
1.									

2.

Please list topics you would like to see addressed at future CPD meetings

Thank you for your feedback and ideas – please return this form to the registration table.

This information should be kept by the provider for a period of 2 years.