

Session Evaluation Form
Email to info@FMSBoston.org

Name and Company: _____

E-Mail Address: _____

Name of Session & Presenter: _____

Date of Session: _____

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. Were the stated learning objectives met?					
2. Were program materials accurate?					
3. Were program materials relevant and did they contribute to the achievement of the learning objectives?					
4. Was the time allotted to the learning activity appropriate?					
5. If applicable, were the prerequisites appropriate?					
6. Was the instructor effective?					
7. Were the facilities and/or technological equipment appropriate?					
8. Were the handout materials satisfactory?					
9. Were the audio and visual materials effective?					

Total CPE credits earned*: _____

*50 minute session equals 1 hour

Code Word: _____

I certify that I have attended this session as indicated above: _____

