

## CEU Evaluation and Feedback Form

Date of Presentation: \_\_\_\_\_

Presenter 's Name: \_\_\_\_\_

Topic or Session: \_\_\_\_\_

**Please complete the evaluation for the CEU (Continuing Education Unit) session– your feedback is valuable and will be used to make improvements to future sessions.**

Feedback	Strongly Agree (5)	Agree (4)	Neutral (3)	Disagree (2)	Strongly Disagree (1)	N/A
Materials provided were helpful						
Content was well organized						
Instructor reviewed the learning outcomes						
Instructor provided feedback on the achievement of the learning outcomes						
The instructor was qualified and well informed						
Training met my expectations/ learning outcomes were met						
I can apply what I learned						

How can we improve?

\_\_\_\_\_

List three (3) learning outcomes you received from this session?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_