EVALUATION FORM

Saint Louis University School of Medicine

**Title**

**Date**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Poor | Fair | Good | Excellent |
| **Presentation Title**  Presenter Name |  |  |  |  |
| (Optional Faculty Comment) | | | | |
| **Presentation Title**  Presenter Name |  |  |  |  |
|  | | | | |
| **Presentation Title**  Presenter Name |  |  |  |  |
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| **Presentation Title**  Presenter Name |  |  |  |  |
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| **Presentation Title**  Presenter Name |  |  |  |  |
|  | | | | |

To what extent were the educational objectives met?

**List Course Objective**

Poor Fair Good Excellent

**List Course Objective**

Poor Fair Good Excellent

**List Course Objective**

Poor Fair Good Excellent

**List Course Objective**

Poor Fair Good Excellent

**List Course Objective**

Poor Fair Good Excellent

**List Course Objective**

Poor Fair Good Excellent

Please indicate if this activity was free from commercial bias: Yes No

If you checked no, please indicate topics that were not free from commercial bias:

As a result of attending the CME activity, I declare:

* My general medical knowledge was enhanced.
* Overall, the content of this activity was valuable to me.
* Speakers were effective.
* I was adequately informed of presenter conflicts of interest.

I will take actions in the following areas (check all that apply):

* Learning more about *specify topic/techniques taught*
* Collaboration/Networking
* Changing my practice(s) at work

I expect my practice strategies to change as a result of what I learned in this activity (check one)

* Excellent
* Above Average
* Average
* N/A

If you are not considering any practice or service changes, please indicate why:

* Confirmed my current practices
* Not convinced any change is warranted
* Content not relevant to my practice
* Significant barriers to changing my practice (please specify):

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* Other (please specify):

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**Additional Comments:**