Sample Evaluation Form

Organiser’s name

Event Title

Date

VENUE

**PLEASE TICK BOXES**

1. **How useful did you find this event?**

Extremely useful [ ] Useful [ ] Fairly useful [ ] Not useful [ ]

If this conference was not useful, please explain why

1. **What was your overall impression of this Event?**

Excellent Good Fairly good Poor Very Poor

Programme [ ] [ ] [ ] [ ] [ ] Organisation [ ] [ ] [ ] [ ] [ ]

3. How useful to you personally was each session?

Extremely Useful Fairly Not Not directly relevant in

useful useful useful current post but of interest

1st Speaker’s Name [ ] [ ] [ ] [ ] [ ] [ ]

1st Session Title

2nd Speaker’s Names [ ] [ ] [ ] [ ] [ ]  
**2nd Session Title**

**Continue for the whole programme**

**4. What was the best aspect of this event?**

**5. What was the worst aspect of this event?**

**6. What impact will this event have on your future practice?**

**7. To what extent did the presenter provide a balanced (evidenced based where possible) view of the topic?**

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**8. Were there any examples of bias in this activity?**

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**9. Please write down any additional comments or suggestions:**