

Clinical Excellence & Fast-Acting Techniques Course Evaluation

Course date(s): _____

Instructor Code _____

City/State of Workshop _____

Name of the Instructor _____

	strongly agree	agree	disagree	strongly disagree	no opinion
1. Instructor was dynamic and knowledgeable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Information was useful and exciting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Materials provided were of high quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Objectives of the course were met	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Educational level for this course was appropriate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Information is practical and can be applied immediately	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Information will be useful in training my staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Presentation was well organized and easy to follow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. The dates of this course were convenient for me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. The location of this workshop was good for me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. It was easy to enroll in this course	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I would recommend this course to other therapists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I would like to attend other courses offered by IndeFree Assoc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What did you like BEST about this course? _____

What did you like LEAST about this course? _____

What would you say to someone considering this course? _____

I am a physical therapist occupational therapist speech language pathologist

How long have you been practicing as a therapist? _____ years

Do you own a private practice? Yes No

Your ethnicity: Caucasian/White Hispanic/Latino Black/African American
 Asian/Pacific Islander Other:

May we use your statement in our literature? _____ May we use your name in our literature? _____

(If you answered yes to both questions above, please complete the rest of this form.)

Name _____ Signature _____ Date _____

Email Address _____ Telephone _____