



COPAS
Participant Evaluation
Committee:
Course Number:
Subject:
Presenter(s)

Date:

Time:

To help us continually improve our programs, please provide your opinion by filling out the appropriate number in each scale below:

5=Excellent 4=Very Good 3=Good 2=Fair 1=Poor 0=Unacceptable

- A. EFFECTIVENESS OF DISCUSSION LEADER 5 ___ 4 ___ 3 ___ 2 ___ 1 ___ 0 ___
- B. QUALITY OF MATERIALS 5 ___ 4 ___ 3 ___ 2 ___ 1 ___ 0 ___
- C. OVERALL SATISFACTION WITH THE TOPICS COVERED 5 ___ 4 ___ 3 ___ 2 ___ 1 ___ 0 ___
- D. OVERALL SATISFACTION WITH THE PROGRAM 5 ___ 4 ___ 3 ___ 2 ___ 1 ___ 0 ___
- E. THE QUALITY OF THE MEETING ROOM 5 ___ 4 ___ 3 ___ 2 ___ 1 ___ 0 ___

Please indicate your agreement or disagreement with each statement.

SA=Strongly Agree A=Agree N=Neutral D=Disagree SD=Strongly Disagree

- F. THE OBJECTIVES WERE ACCURATELY DESCRIBED IN THE PROMOTIONAL MATERIAL SA ___ A ___ N ___ D ___ SD ___
- G. THE OBJECTIVES WERE MET IN THE COURSE SA ___ A ___ N ___ D ___ SD ___
- H. THE PROGRAM CONTENT WAS TIMELY AND EFFECTIVE SA ___ A ___ N ___ D ___ SD ___
- I. THE COURSE WAS WELL SUITED TO MY BACKGROUND, EDUCATION, AND EXPERIENCE SA ___ A ___ N ___ D ___ SD ___
- J. IF THERE WERE PREREQUISITES FOR THIS COURSE, WERE THEY NECESSARY OR DESIRABLE SA ___ A ___ N ___ D ___ SD ___

Please comment on the strengths and weaknesses of the discussion leader, facilities and/or materials, including any suggestions you may have for revisions. (If you found any typographical errors or omissions in the materials, please cite page numbers.)

Please indicate any suggestions you have for topics to be covered in future meetings or technical sessions.
