



**COPAS - Colorado
Participant Evaluation**

Committee: _____

Date: _____

Time: _____

Subject:

Presenter:

To help us continually improve our programs, please express your feelings 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 MATERIALS WERE ORGANIZED IN A LOGICAL MANNER. | SA | ___ | A | ___ | N | ___ | D | ___ | SD | ___ |
| I. THE COURSE WAS WELL SUITED TO MY BACKGROUND, EDUCATION, AND EXPERIENCE. | 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 future topics to be covered in future meetings or technical sessions.
