

COURSE DIRECTOR EVALUATION REPORT

Chicago Medical Society
Jointly Sponsored Continuing Medical Education Activity
Evaluation Report Form

Name of Activity:
Joint Sponsor of Activity:
Course Director:
Date (s) of Activity:

EVALUATION RESULTS

Learner Achievement

1. Please summarize the comments made by the audience regarding the activity:
 - A. Strengths
 - B. Areas of Improvement
2. Please attach attendees' evaluation forms and tabulation of any audience reaction data.
3. Please attach pre and posts tests, if any, and summarize the results.
4. What is your personal assessment of the presentation?
 - A. Strengths
 - B. Areas of Improvement
5. Please indicate what was said at the introduction to indicate any disclosures by speakers.
6. Please indicate any changes you would make if you were to offer a similar activity in the future, and explain why.

Signature of Individual Completing Report
(Course Director)

Date of Completion

PLEASE ATTACH:

SIGN-IN LIST OF THE ATTENDEES, EVALUATION REPORTS, ACTIVITY SUMMARY AND TYPED ALPHABETICAL ATTENDANCE LISTS.

This form and all follow up material are due 30 days from the activity