

Evaluation Form For Teaching Event

Name of Teacher: _____

Date: _____

Title of Teaching Session: _____

Were the objectives of the session identified?

Please comment on the clarity of the session:

Please comment on the overall structure of the event:

If the handouts were used, were they clear, useful and easy to follow?

What aspects of the teaching session did you find most useful?

What aspects of the teaching session did you find least useful?

What impact will the teaching session have on your future practice?

Were the objectives of the session met?

Please add any additional comments:

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Adapted from Joint Royal Colleges of Physicians Training Board (JRCPTB)