

Sample Session Evaluation



Session Title: _____

Session Leader/Faculty: _____

Date: _____

Please take a few minutes to provide feedback on this session. Be assured that your input will be used in planning for future sessions of this kind.

	Strongly Agree 7	6	5	Neutral 4	3	2	Strongly Disagree 1
1. This session enhanced my knowledge/skills of teamwork and patient safety/quality improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The session met all the stated objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The quality of the materials provided is excellent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The facilitator(s) led the session effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. My overall assessment of this session is excellent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I will be able to apply learning from this session to my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I would recommend that others in my organization use the information presented in this session.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What two aspects of this session were most valuable for you?

- 1.
- 2.

What two suggestions do you have to improve this session?

- 1.
- 2.

Please provide some feedback on whether or not and how this session contributed to your knowledge and skills for team-based patient safety and quality improvement activities.

Please write any other comments you have about this session in the space below (continue on the back if necessary).