



EVALUATION FORM

NAME OF THE INSTRUCTOR: _____

CLASS DATE _____ CLASS LOCATION _____

Please rank on a scale of 1 to 5 to the following questions: (1=Poor 5=Excellent)

1. Your overall satisfaction with the course? _____
2. Current level of confidence you now have of dry needling? _____
3. Ability you have to begin introducing needling Monday? _____
4. Confidence in recommending this course to others? _____

5. Rate the following components of this program:	Strongly Agree	Agree	Disagree	Strongly Disagree
The information received was useful and beneficial.				
The program met the stated learning objectives.				
The presentation style enhanced my learning experience.				
The program faculty was responsive to questions/comments.				
The educational materials were useful.				
The learning assessment (survey, quiz, etc.) was appropriate.				

6. What did you like the most about this program?

8. What did you like the least about this program?

9. Did you feel that there was commercial bias or influence in this activity? No Yes If yes, please explain:

10. Identify topics you would like to have presented at future meetings. _____

11. Please rate the following components of this program :	Excellent	Good	Fair	Poor
Registration process				
Program faculty				
Location				

12. Were the following program faculty knowledgeable, relevant and effective regarding the content of their presentation? Circle Instructor	Knowledgeable		Relevant		Effective	
	Yes	No	Yes	No	Yes	No
Dr. Ken Cooper / Dr. Scott Dixon						

If you answered no to any of the 3 categories, please explain: _____

13. Please rate the following components of this program:	Strongly Agree	Agree	Disagree	Strongly Disagree
Presentation met my expectations.				
Program faculty style was appropriate for the material presented.				
Program faculty was responsive to questions/comments.				
Program met my objectives.				
The information received was useful and beneficial.				

14. Was evidence provided to substantiate material presented? _____ Yes _____ No

15. Were personal experience and observation the primary source of information? _____ Yes _____ No

16. Was a commercial product promoted? _____ Yes _____ No. If yes, did you feel that product promotion was the sole purpose of the course ? _____

17. Any suggestions you would like to provide us about the course ? _____

18. Did you feel that there was commercial bias or influence in this activity? _____ Yes _____ No. If Yes, please explain _____

19. What barriers beside time and/or money, do you anticipate encountering as you make changes in your practice ? _____

20. General Comments: _____