**MU SINCLAIR SCHOOL OF NURSING**

**NURSING OUTREACH**

Name of Organization

## *Day, Date of Activity*

#### EVALUATION

The planning committee would like your opinion and comments on this educational activity. This will assist in planning future activities. Please exchange your completed evaluation form for a certificate of completion at the end of the activity.

### *QUALITY OF INSTRUCTION: (if multiple presenters, evaluate the following for each speaker/presenter individually)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please check the following criteria when rating the following speaker: Speaker #1 NAME, CREDENTIALS | | Excellent | Good | Fair | Poor |
| Knowledge of subject | |  |  |  |  |
| Organization and clarity of content | |  |  |  |  |
| Effectiveness of teaching methods | |  |  |  |  |
| This presentation was free from commercial bias. | | Yes  No | | | |
| If no, please explain: |  | | | | |

### *Comments:*

### *QUALITY OF INSTRUCTION:*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please check the following criteria when rating the following speaker: Speaker #2 NAME, CREDENTIALS | | Excellent | Good | Fair | Poor |
| Knowledge of subject | |  |  |  |  |
| Organization and clarity of content | |  |  |  |  |
| Effectiveness of teaching methods | |  |  |  |  |
| This presentation was free from commercial bias. | | Yes  No | | | |
| If no, please explain: |  | | | | |

### *Comments:*

|  |  |  |
| --- | --- | --- |
| Do you feel that the small group activity was an effective way to practice using the material presented? | Yes  No | If “NO”, why not? |

***POSTTEST:***

|  |  |  |
| --- | --- | --- |
| I answered at least 4 of the 5 posttest questions correctly when graded by my neighbor | Yes  No | If “NO”, why do you think you were unable to achieve a passing score? |

***MEASUREMENT OF LEARNING OUTCOMES:***

|  |  |  |  |
| --- | --- | --- | --- |
| Rate the extent to which you are able to meet the following learning outcomes.  **After completing this activity/session I am able to:** | Fully | Partially | Not at all |
| 1. – first learning outcome -- |  |  |  |
| 2. – second learning outcome -- |  |  |  |
| 3. – third learning outcome -- |  |  |  |

What suggestions do you have for improving this activity?

**What suggestions do you have for future activities that would improve your nursing practice or professional development?**

From Midwest MSD Provider Forum website

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