

Attendee's Name: _____

Evaluation Form

Please complete this evaluation form and return it to the coordinator
at the end of the educational session.

Event: EPI Winter 2024 Seminar Series # Credit Hour(s): 1 Date: _____

Presenting Department: Department of Epidemiology, Biostatistics and Occupational Health

Event Title: _____

Please rate the quality of the activity on a scale of 1 (strongly disagree) to 5 (strongly agree).
This activity:

Met the stated learning objectives 1 2 3 4 5

Enhanced my knowledge 1 2 3 4 5

Satisfied my expectations 1 2 3 4 5

Conveyed information that applied to my practice 1 2 3 4 5

Allocated at least 25% of the time for interaction 1 2 3 4 5

Was free from commercial bias? 1 2 3 4 5

What did you learn or how will this event
impact your practice? _____

Please indicate which CanMEDS roles you felt
were addressed during this educational activity? ☐ Medical Expert ☐ Scholar ☐ Collaborator
☐ Communicator ☐ Manager
☐ Professional ☐ Health Advocate

Evaluation of Presenter

Please rate the quality of the presentation on a scale of 1 (poor) to 5 (excellent).

Name of Presenter	Overall Presentation Effectiveness	Content Relevance	Used Effective Teaching Methods
_____	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
_____	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5

Additional
Comments: _____

Suggestions for future activities: _____

*The [Department of Epidemiology, Biostatistics and Occupational Health] is a self-approved group learning activity
(Section 1) as defined by the Maintenance of Certification program of The Royal College of Physicians and Surgeons of
Canada.*