

# ZIAUDDIN UNIVERSITY

## DEPARTMENT OF CONTINUING PROFESSIONAL EDUCATION

### END OF ACTIVITY EVALUATION FORM

Evaluation is an integral part of this educational activity and is designed for your feedback, which is essential for further improvement. It is **mandatory** to fill in and submit to attain certificate. We are thankful for your help and comments.

Participants Name (In Block Letters): \_\_\_\_\_

Email: \_\_\_\_\_

PM&DC # \_\_\_\_\_

Dept. \_\_\_\_\_ Title \_\_\_\_\_

Activity Title: \_\_\_\_\_ Date: Date/Month/Year

Timings: ( \_\_\_\_\_ To \_\_\_\_\_ )

Activity organized by the Department of: \_\_\_\_\_

Facilitator/Speaker: \_\_\_\_\_

### SECTION A

| Please give your OVER ALL RATING from the given five (5) points scale<br>5=Excellent 4=Very Good 3=Good 2=Average 1=Poor |   | Circle the Most Appropriate |   |   |   |   |
|--|---|-----------------------------|---|---|---|---|
| 1  | Objectives of the activity defined  | 1                           | 2 | 3 | 4 | 5 |
| 2  | Disclosure statement( whether or not any financial or other support from commercial sector) | 1                           | 2 | 3 | 4 | 5 |
| 3  | Content covered as per defined objectives   | 1                           | 2 | 3 | 4 | 5 |
| 4  | Overall presentations were at the participants level of understanding                       | 1                           | 2 | 3 | 4 | 5 |
| 5  | Level of interaction  | 1                           | 2 | 3 | 4 | 5 |
| 6  | Acquired new Knowledge  | 1                           | 2 | 3 | 4 | 5 |
| 7  | Time Management   | 1                           | 2 | 3 | 4 | 5 |
| 8  | Queries responded   | 1                           | 2 | 3 | 4 | 5 |
| 9  | Organization of the activity  | 1                           | 2 | 3 | 4 | 5 |
| 10   | Course material if provided, was of appropriate quality                                     | 1                           | 2 | 3 | 4 | 5 |
| 11   | Commercial bias was avoided   | 1                           | 2 | 3 | 4 | 5 |
| 12   | Overall assessment of the activity  | 1                           | 2 | 3 | 4 | 5 |

|           |   |
|-----------|---|
| <b>13</b> | What were the strengths of this activity and why? Please write →  |
| <b>14</b> | What were the weaknesses of this activity and why? Please write → |
| <b>15</b> | Suggestions.  |

### **SECTION B (LOGISTICS)**

| <b>Please give your OVER ALL RATING from the given five (5) points scale<br/>5=Excellent 4=Very Good 3=Good 2=Average 1=Poor</b> |  | <b>Circle the Most Appropriate</b> |   |   |   |   |
|--|--|------------------------------------|---|---|---|---|
| <b>16</b>  | AV Aids  | 1                                  | 2 | 3 | 4 | 5 |
| <b>17</b>  | Venue  | 1                                  | 2 | 3 | 4 | 5 |
| <b>18</b>  | Lunch/ tea   | 1                                  | 2 | 3 | 4 | 5 |
| <b>19</b>  | Pre CME Announcements were made at appropriate time/ regular intervals   | 1                                  | 2 | 3 | 4 | 5 |
| <b>20</b>  | Suggestions.   |                                    |   |   |   |   |
| <b>21</b>  | How were you informed about the activity?<br>Newspaper _____ Peer _____ Department _____<br>Website _____ Notice board _____<br>Others (specify) _____ |                                    |   |   |   |   |