University of Arkansas for Medical Sciences
College of Pharmacy

PROGRAM EVALUATION

Activity Title: Advanced Pharmacy Practice Experience Continuing Education Date:_____

To assist us in evaluating the use of students to provide CE courses, we need your comments, criticisms, and suggestions on this program.

Please return this form at the conclusion of the program.

Please rate the questions on the overall program according to the scale below:

[5 – Excellent, very appropriate] [4 – Good, appropriate] [3 – Adequate, satisfactory]
[2 – Superficially done, borderline] [1 – Not acceptable, poor]

	Excellent				Poor
1. Students teaching CE is a good use of resources:	⑤	④	③	②	①
2. Students teaching CE is a good learning tool:	⑤	④	③	②	①
3. The student showed knowledge of topic:	⑤	④	③	②	①
4. Material presented by student was useful:	⑤	④	③	②	①
5. Material presented by student added to my knowledge:	⑤	④	③	②	①
6. Overall, this course satisfied my expectations:	⑤	④	③	②	①

	Very much				Not at all
7. Information presented will effect and/or alter my practice performance:	⑤	④	③	②	①
8. CE offered by APPE Students improves my access to Live CE programs:	⑤	④	③	②	①

9. What were the greatest STRENGTHS of the program (PLEASE PRINT)?

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10. What were the greatest WEAKNESSES of the program (PLEASE PRINT?

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11. Suggestions for future program topics (PLEASE PRINT)?

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