



**Self Injury: Testimony, Insight and Critical Issues
JUNE 30, 2009
PROGRAM EVALUATION FORM**

PROGRAM TITLE: _____

DATE: _____

Participant's Name (If requesting CE): _____

	EXCELLENT	GOOD	FAIR	POOR	N/A
1. The degree to which this program will enhance my professional skills and knowledge.	_____	_____	_____	_____	_____
2. The degree to which the content met the stated objectives.	_____	_____	_____	_____	_____
3. The degree to which the content was accurate and current.	_____	_____	_____	_____	_____
4. The degree to which the instructor(s) was effective in conveying information.	_____	_____	_____	_____	_____
5. The degree to which resource information provided was adequate and useful.	_____	_____	_____	_____	_____
6. The degree to which, the entire program was meaningful and appropriate.	_____	_____	_____	_____	_____
7. The degree to which, the time allocated was adequate for the material presented.	_____	_____	_____	_____	_____

Additional comments:
