

## COURSE AND SPEAKER EVALUATION



Name: \_\_\_\_\_ ADA# \_\_\_\_\_

Date: \_\_\_\_\_ Course Code: \_\_\_\_\_

Course Name: \_\_\_\_\_

I am a:  Dentist  Dental Hygienist  Dental Assistant  Office Staff  Other: \_\_\_\_\_

COURSE EVALUATION	Excellent	Good	Average	Poor
Selection of Topic				
Content Accuracy				
Examples/Hands-on Lab (if applicable)				
Content Usefulness				
Facility (size, set up, environment conducive to learning)				
Overall Administration of the course				

As a result of this course, will you make any changes in the way you practice dentistry? If yes, please explain: \_\_\_\_\_

SPEAKER EVALUATION	Excellent	Good	Average	Poor
Speaker Name: _____				
Clarity of speaker				
Effective use of audio-visual equipment				
The stated objectives of the course were met				

OVERALL	Excellent	Good	Average	Poor
How would you rate this course?				

What type of courses or topics would you like to see offered in the future? Select all that apply.

- |                                                           |                                                     |                                                     |
|-----------------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Federal & State Mandated Courses | <input type="checkbox"/> OSHA and HIPAA Regulations | <input type="checkbox"/> Oral Surgery               |
| <input type="checkbox"/> Sedation                         | <input type="checkbox"/> Opioids/Pain Control       | <input type="checkbox"/> Diversity in the Workplace |
| <input type="checkbox"/> Practice Management              | <input type="checkbox"/> Orthodontics               | <input type="checkbox"/> Pathology/Basic Sciences   |
| <input type="checkbox"/> Pediatric Dentistry              | <input type="checkbox"/> Implants                   | <input type="checkbox"/> Other: _____               |

Other comments or suggestions: \_\_\_\_\_

Evaluations are required from each participant to maintain ADA CERP standards and guidelines to offer continuing education credit. Please complete this brief survey after completion of the course. Please return this completed survey to the conference planner or scan the QR Code above to complete the survey online.

*Thank you for your participation!*