**Event Evaluation Form (Form C2)**

|  |  |
| --- | --- |
| **Name of participant**  |  |
| **Date of activity** |  |
| **Title of CPE activity** |  |
| **Name of presenter** |  |

**Feedback on programme/ activity**

Please circle as appropriate.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|  | The topics covered were relevant/ useful to optometry/opticianry practice. | 5 | 4 | 3 | 2 | 1 |
|  | The topics covered were useful to my practice | 5 | 4 | 3 | 2 | 1 |
|  | The content was organized and easy to follow. | 5 | 4 | 3 | 2 | 1 |
|  | The speaker(s) was knowledgeable about the topics. | 5 | 4 | 3 | 2 | 1 |
|  | The speaker(s) is well prepared.  | 5 | 4 | 3 | 2 | 1 |
|  | The time allocated for this event was sufficient. | 5 | 4 | 3 | 2 | 1 |

1. **Learning Points/ application to practice**

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1. **Suggestions for improvement**

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