

## Sample Learning Activity Evaluation Form

Please indicate your level of agreement by putting an  in the appropriate column.

Legend:	1 = Strongly agree	4 = Disagree
	2 = Agree	5 = Strongly agree
	3 = Neither agree/disagree	NA = Not applicable

Statement		1	2	3	4	5	NA
1.	The content of the learning activity was useful and relevant to my scope of pharmacy practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	The learning activity fulfilled the stated learning objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	The delivery approach used made it possible to understand and apply the information to my practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	The presenter delivered the information clearly and effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	The delivery approach used provided active learning opportunities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	The overall quality of the learning activity was good.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Yes	No
Did you note any bias in the content and/or delivery of the learning activity?		<input type="checkbox"/>	<input type="checkbox"/>
If Yes, please describe the bias that you observed.			

**Please Return this Evaluation Form to:**

(Insert Name/Address of Provider representative if not being collected via an on-line platform)

**Comments**

In your opinion, what were the strong points and areas for improvement?

Strong points		Areas for improvement

What changes do you plan to make in your practice as a result of this learning activity?


What topics should be covered in future learning activities?


Other comments:


*Thank you for your valuable feedback.  
Your comments will be very helpful in improving  
continuing education activities.*