

# SVU-CME Program Director Summary

## *Evaluation Summary*

Program Title \_\_\_\_\_

Date: \_\_\_\_\_ Number of Participants: \_\_\_\_\_ Number of Evaluations Received: \_\_\_\_\_

Please indicate the number of responses in each category.

1. How did you find the program?  Excellent  Satisfactory  Unsatisfactory

2. Did you have adequate time to receive answers to your questions?  Yes  No

3. What portions of the program were particularly useful? \_\_\_\_\_

\_\_\_\_\_

4. Did the program meet the stated objectives?  Yes  No

5. Please comment on any portions of the program you found not pertinent or unsatisfactory.

\_\_\_\_\_

6. What subject matter not presented should be included in future programs? \_\_\_\_\_

\_\_\_\_\_

7. Any additional comments? \_\_\_\_\_

\_\_\_\_\_

8.  RVT  RVS  RDCS  RDMS  RT  RN  MD  RPVI  PA  BA/BS  MA/MS  
 Other (list): \_\_\_\_\_

Program Director's Signature/Date \_\_\_\_\_

Return this evaluation summary with the Attendance Records to SVU, 4601 Presidents Drive, Suite 260, Lanham, MD 20706-4831; email [svuinfo@svunet.org](mailto:svuinfo@svunet.org); fax: 301-459-5651.

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SVU File # \_\_\_\_\_ Date Received \_\_\_\_\_