PROGRAM EVALUATION FORM

1. **What I liked *most* about this program were:**

   _____

   _____

2. **What I liked *least* about this program were:**

   _____

   _____

3. **Two things that would improve this program would include:**

   a. _____

   _____

   b. _____

   _____

4. **On a scale of 1 to 10 (1=poor; 10=excellent), how would you rate the program?**

Poor		Fair		Good		Very Good		Excellent		
1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐	7 ☐	8 ☐	9 ☐	10 ☐	*Best ever* ☐

5. **Additional comments** (use the back, if necessary):

   _____

   _____

   _____

6. **Would you like additional related materials emailed to you, (*e.g.* an article or checklist)?**

   Yes ☐   No ☐

   If yes, your email address is: _____

Your Name, Firm, and Title (optional, but appreciated)**:** _____

   _____

May we quote you?   Yes ☐   No ☐

Thank you for taking the time to respond.