

**Stroke Network of Southeastern Ontario  
Professional Education Stroke Fund**

**Shared Work Experience  
Education Support Programs**

**Evaluation Form**  
(Updated Feb 2021)

This evaluation must be completed by **each** participant. Please **circle** whether you are Participant 1 (person who initiated the experience) or Participant 2 (person who was contacted).

<p><i>Name of Participant 1:</i> <i>Or</i> <i>Name of Participant 2:</i></p>
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<p><i>Location of learning experience:</i>  <i>Date of learning experience:</i></p>
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**Please list the learning objectives that you stated on your application form.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Please state specific answers to the following questions.**

**1. Were these objectives met? (circle)**

- |             |                           |                          |                                 |
|-------------|---------------------------|--------------------------|---------------------------------|
| Objective 1 | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Partially |
| Objective 2 | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Partially |
| Objective 3 | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Partially |

**2. Please state any barriers you encountered in meeting these objectives.**

- Objective 1 \_\_\_\_\_  
\_\_\_\_\_
- Objective 2 \_\_\_\_\_  
\_\_\_\_\_
- Objective 3 \_\_\_\_\_  
\_\_\_\_\_

**3. What facilitated your meeting these objectives?**

Objective 1 \_\_\_\_\_

\_\_\_\_\_

Objective 2 \_\_\_\_\_

\_\_\_\_\_

Objective 3 \_\_\_\_\_

\_\_\_\_\_

**4. Was this learning experience worthwhile?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5. Were there any unexpected learning opportunities that arose from this Shared Work Experience?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**6. Please list any comments you might have from this experience.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Thank you for completing this evaluation. Please return to:***

Liisa Ware, Administrative Assistant Stroke  
Network of Southeastern Ontario  
Kingston Health Sciences Centre – Kingston General Hospital site  
Watkins 3, Rm 4-3-409-0  
76 Stuart St.  
Kingston, ON K7L 2V7  
Email: [lisa.ware@kingstonhsc.ca](mailto:lisa.ware@kingstonhsc.ca)  
Fax: 613-548-2454

Return within two weeks of the learning experience. Once this evaluation has been returned arrangements will be made to distribute the financial incentive as agreed upon during the application process.