

**Stroke Network of Southeastern Ontario**  
**Professional Education Stroke Fund**  
**Field Training**  
**Education Support Program**

**Evaluation Form**  
 (Updated Feb 2021)

Date: \_\_\_\_\_

Title of Education Event: \_\_\_\_\_

Professional Designation/Role: \_\_\_\_\_

Organization or Facility: \_\_\_\_\_

1. The 3 most significant things I learned today were .....

- i. \_\_\_\_\_
- ii. \_\_\_\_\_
- iii. \_\_\_\_\_

2. What was of **least** value to you and **why**?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Please indicate the number that best reflects your satisfaction with the following aspects of this education session.

	<b>Very satisfied</b>			<b>Very dissatisfied</b>		
<i>Organization of the session</i>	5	4	3	2	1	N/A
<i>Relevance of session content</i>	5	4	3	2	1	N/A
<i>Thoroughness of session content</i>	5	4	3	2	1	N/A
<i>Written materials provided</i>	5	4	3	2	1	N/A
<i>Question and answer</i>	5	4	3	2	1	N/A
<i>Expertise of presenter(s)</i>	5	4	3	2	1	N/A

4. Stroke care topics I would like to learn more about include.....

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5. I would also like to mention that.....

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***Thank you for completing this evaluation. Instructor to submit evaluation form by fax or mail to:***

Charlette Eves, Administrative Assistant  
Stroke Network of Southeastern Ontario  
Kingston Health Sciences Centre – Kingston General Hospital site  
Watkins 3, Rm 4-3-409-0  
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Kingston, ON K7L 2V7  
Email: [charlette.eves@kingstonhsc.ca](mailto:charlette.eves@kingstonhsc.ca)  
**FAX: 613-548-2454**