

Evaluation of Teaching Session

Date:	Term:	Venue:
Topic / Session:		

Overall the session was:

Poor		OK		Excellent
1	2	3	4	5

The Session was directed at Interns? Yes / No Please circle

The content was appropriate?

Strongly Disagree		Agree		Strongly Agree
1	2	3	4	5

The session served your educational needs?

Strongly Disagree		Agree		Strongly Agree
1	2	3	4	5

Was the session useful in day-to-day management of the patient? Yes / No Please circle

The presentation format was appropriate to the content?

Strongly Disagree		Agree		Strongly Agree
1	2	3	4	5

Presenter's style was:

Poor		OK		Excellent
1	2	3	4	5

Group size was:

(a) too small	(b) just right	(c) too big
---------------	----------------	-------------

What was good about the session?

What could be improved?
