

Continuing Professional Development (CPD) Program Sample Evaluation Form

Program title:

Date:

Location:

Instructions:

Please take a few moments to complete this evaluation form. Your feedback is invaluable for improving future CPD programs. All responses are confidential.

Program Effectiveness

Overall Program Quality					
	Excellent	Very good	Neutral	Fair	Poor
How would you rate the overall quality of this program?	5	4	3	2	1

Learning Activity Design and Format					
	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
The format and design of the learning activities (e.g., lectures, discussions, hands-on practice) were effective in enhancing my learning.	5	4	3	2	1
Facilitation and Delivery					
The facilitators/instructors/interface were/was effective for delivering the content and engaging participants. (where applicable)	5	4	3	2	1
The format was effective for delivering the content and engaging participants.	5	4	3	2	1

Safe and Accessible Environment					
Self-Reported Learning					
	Significant improvement	Moderate improvement	Slight improvement	I was reassured that I was already doing the right thing	N/A
How would you rate the change in your knowledge/competence/skills after completing this program?					
Confidence in Achieving Learning Objectives					
I feel confident in my ability to achieve the learning objectives of this program.					
Objective	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
[Objective 1]	5	4	3	2	1
[Objective 2]	5	4	3	2	1
[Objective 3]	5	4	3	2	1
[Objective 4]	5	4	3	2	1

Program Content and Bias

Equity, Diversity, and Inclusion (EDI)					
	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
The program content effectively incorporated concepts of EDI.	5	4	3	2	1

Bias in program content

Were there any aspects of the program's content or delivery that appeared biased to you (e.g., financial, sponsor-related, cultural, gender, racial, or others)?

- Yes
- No

If yes, please describe:

Quebec-specific evaluation (mandatory for Quebec programs)

Did the program comply with the CQDPCM Code of Ethics?

- Yes
- No

Comments:

Demographic Information (Optional)

Practice setting

Please indicate your primary practice setting:

- Urban
- Suburban
- Rural
- Remote
- Prefer not to answer
- Other please specify _____

Self-Identification

Please indicate if you self-identify with any of the following (select all that apply):

- Indigenous
- Racialized person (please specify if comfortable: _____)
- 2SLGBTQ+
- Person with a disability
- Non-binary/Gender non-conforming
- Immigrant/newcomer
- Prefer not to answer
- Another identity not listed (please specify if comfortable: _____)

Additional comments and suggestions

Please provide any additional feedback or suggestions for future programs:

Thank you for your feedback!

[Organization Name] will review all feedback and use it to improve future programs. Your input is greatly appreciated.