

REGISTRY OF INTERPRETERS FOR THE DEAF, INC.
Certificate Maintenance Program & Associate Continuing Education Tracking Program



PROGRAM EVALUATION FORM



Activity Title: _____

Activity Date(s): _____

Circle one: **CMP** **ACET** **No CEUs**

Read each statement carefully, then select the number that most accurately describes your feelings.

Disagree Agree

- 1 2 3 4 5 This activity had clearly stated objectives.
- 1 2 3 4 5 My instructor(s) communicated a clear understanding of course content.
- 1 2 3 4 5 This activity built understanding of concepts and principles.
- 1 2 3 4 5 The content of this activity was described adequately in advance publicity.
- 1 2 3 4 5 My instructor(s) helped me apply theory to solve problems.
- 1 2 3 4 5 The instructional level of this activity was consistent with my expectations.
- 1 2 3 4 5 The organization of this activity allowed for maximum learning.
- 1 2 3 4 5 Audiovisuals and supplementary study materials were an asset to this activity.
- 1 2 3 4 5 I will incorporate the knowledge/skills gained from this activity into my work.
- 1 2 3 4 5 This activity will contribute to my professional growth.
- 1 2 3 4 5 This activity will motivate me to seek further continuing education.
- 1 2 3 4 5 Overall, this activity was outstanding.

Comments: _____
