



Professional Development Course Evaluation

Course Title _____

Course Instructor _____

Course Location _____

Course Dates _____

1. Please list each of the course objectives:

- 1.
- 2.
- 3.
- 4.
- 5.

2. Please rate the coverage of the objectives listed above. Rate each item by checking the box of the number that corresponds with your response. Response choices are listed on a scale of 1 to 5:
 1 = Poor and 5 = excellent. Please do not mark a response if the statement is not applicable.

Objectives	Poor		Average		Excellent
	1	2	3	4	5
Objective 1 as stated above					
Objective 2 as stated above					
Objective 3 as stated above					
Objective 4 as stated above					
Objective 5 as stated above					

3. Please comment on the areas of strength in which the instructor covered the objectives.

4. What do you feel could have been done to better meet the course objectives?

5. Please rate each of the following items by checking the box that best corresponds to your response. If you feel an item is not applicable, please leave it blank.

Item	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The ideas and skills will improve my practice.					
The materials provided/presented will be useful.					
The facilitator was well prepared.					
The time was used effectively.					
Participants were active learners.					
My understanding was enhanced by this course.					
The course had practical impact on me as a school nurse.					
The facilities were conducive to learning.					

Please comment:

6. How did this course further your professional goals?

7. Additional Comments/Feedback:

8. Please list other educational sessions you would be interested in attending:

Signature (Optional) _____

**PLEASE RETURN TO: MaryAnn Strawhacker or you may turn in this evaluation directly to the
Iowa Board of Nursing
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400 S.W. 8th Street, Suite B
Des Moines, IA 50309-4685
Tel: 515/281-3255
Fax: 515/281-4825**