

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



**PROGRAM EVALUATION FORM**



Activity Title: \_\_\_\_\_

Activity Date(s): \_\_\_\_\_

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

**Disagree**                      **Agree**

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

Comments: \_\_\_\_\_

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