

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 | 1 | 2 | 3 | 4 | 5 | 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 the 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: _____

