

Association of Nurses in AIDS Care – CNE Evaluation Template

Insert CNE Activity Title

Insert CNE Activity Date

EVALUATION FORM

Directions: Please personalize the CNE Evaluation Form Template for each ANAC provided and co-provided CNE Activity.

OBJECTIVES: At the conclusion of the pre-conference, attendees will be able to:

- Insert All Objectives

Please circle your response to the following questions:

4 = Excellent 3 = Good 2 = Fair 1 = Poor

Presentation 1 Title and Presenter (with all Credentials)

Presentation 1 Objectives:

- 1. The presenter was current and knowledgeable of the content.
4 3 2 1
 2. The presentation was organized and understandable.
4 3 2 1
 3. Audio-visuals/teaching methods were effectively utilized.
4 3 2 1
 4. The presenter met the objectives.
4 3 2 1
 5. Overall evaluation of this presentation.
4 3 2 1
 6. Did the information presented at this workshop meet your expectation?
4 3 2 1

Presentation 2 Title and Presenter (with all Credentials)

Presentation 2 Objectives:

- 1. The presenter was current and knowledgeable of the content.
4 3 2 1
 2. The presentation was organized and understandable.
4 3 2 1
 3. Audio-visuals/teaching methods were effectively utilized.
4 3 2 1
 4. The presenter met the objectives.
4 3 2 1
 5. Overall evaluation of this presentation.
4 3 2 1
 6. Did the information presented at this workshop meet your expectation?
4 3 2 1

Association of Nurses in AIDS Care – CNE Evaluation Template

Presentation 3 Title and Presenter (with all Credentials)

Presentation 3 Objectives:

- 1. The presenter was current and knowledgeable of the content.
4 3 2 1
 2. The presentation was organized and understandable.
4 3 2 1
 3. Audio-visuals/teaching methods were effectively utilized.
4 3 2 1
 4. The presenter met the objectives.
4 3 2 1
 5. Overall evaluation of this presentation.
4 3 2 1
 6. Did the information presented at this workshop meet your expectation?
4 3 2 1

OVERALL EVALUATION: THESE QUESTIONS MUST BE INCLUDED for ALL ANAC provided and co-provided CNE Events

Overall this program was:

1) Please rate how satisfied you are with this CNE activity:

1	2	3	4	5
Extremely dissatisfied		Neither satisfied or dissatisfied		Extremely satisfied

2) Please rate how satisfied you are with format of this CNE activity:

1	2	3	4	5
Extremely dissatisfied		Neither satisfied or dissatisfied		Extremely satisfied

If dissatisfied, what changes would you suggest:

3) Please rate how this CNE activity will lead to a change in (*insert relevant practice behavior*, for example counseling clients on switching medication regimens, using a new prevention method, ect).

1	2	3	4	5
Will not change my practice				Will absolutely change my practice

4) Please rate how this CNE activity will lead to a change in your leadership skills

1	2	3	4	5
Will not impact my leadership skills				Will absolutely impact my leadership skills

Association of Nurses in AIDS Care – CNE Evaluation Template

5) Please rate how this CNE activity will lead to a change in your (*insert relevant nurse competency*, for example comfort using a new technology or information)

1	2	3	4	5
Will not impact my competency in X				Will absolutely impact my competency in X

6) Please suggest additional important topics for ANAC provided or sponsored CNE:

7) Additional comments:

Thank you for attending!