Compassion Fatigue Participant Program Evaluation

Please collaborate with the Compassion Fatigue Team on how we can make this program more relevant and valuable for participants.

Program Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Presenter Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Presenter Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were you able to clearly see and hear the presenters? YES/NO

Was the program material organized in an orderly manner that was easy to follow? YES/NO

Was the program material relevant to your personal/professional needs and expectations? YES/NO

Please use back of page for additional room for the below questions -

What about the presentation was most engaging and kept you interested?

Was anything distracting or irritating?

What was the most valuable thing you learned?

Were there any particular “wins” or “fails” about the program or presentation?

What resources and suggestions would you like to offer?

If you would like a follow-up conversation, please leave your name and email below:

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