



## Sample ERA Program Evaluation Form

Program Title - Date - Location

Please complete and email form to *(email address)* BY DATE

1. What were your expectations coming into this program?
2. Were your expectations met?
3. What changes could have made this program stronger and more effective
4. Please rate the program components on a scale from 1 to 5 with 5 being the highest and 1 the lowest.

	1	2	3	4	5
Speaker: (insert name)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handout Materials:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. What topics/seminars would you like to see ERA sponsor in the future?
6. Please provide the following information (optional):
  - Your name:
  - Company
  - Phone:
  - Email Address