



Webinar Evaluation Form

Webinar _____ Date _____

Your Name (optional) _____ Organization (optional) _____

1. Your position/job function: _____

2. Your hospital bed size ___ 0-50 ___ 51-99 ___ 100-199 ___ 200+

3. How did you learn about this program? ___ Online webinar calendar ___ Email ___ Friday Report ___ Other

4. Did you have multiple people attend from your organization? ___ Yes ___ No

If yes, approximately how many? _____

Webinar Evaluation

Please rate the webinar for delivery and content by circling the appropriate number (1 meaning poor, 5 meaning excellent) and check off your answer to the accompanying questions.

LOW

HIGH

a. Delivery: 1 2 3 4 5

b. Content: 1 2 3 4 5

c. Did this webinar meet your expectations? ___ Yes ___ No ___ Somewhat

d. How helpful was the material covered? ___ Very Helpful ___ Helpful ___ Somewhat Helpful ___ Not Helpful

Comments: _____

5. Overall, I would rate the webinar: ___ Excellent ___ Good ___ Fair ___ Poor

6. What did you find most beneficial about the webinar? _____

7. What changes, if any, would you recommend? _____

8. Did you encounter any difficulties, either with the registration process or accessing the webinar? If so, please explain:

9. I would like seminars/workshops/webinars on the following topics: _____

Please complete and fax to: 207-622-3073, Attn: Carol Sinclair