

SEMINAR EVALUATION FORM

Seminar Title: _____

Seminar Code: _____

Facility: _____

Date: _____

Leader 1: _____

City: _____

Leader 2: _____

Please indicate whether you are with: Industry ☐ Government/Education ☐ Public Practice ☐ Other ☐

CONTENT EVALUATION: (check one)

On a scale of 1 to 5, where 1 = strongly disagrees, 2 = disagrees, 3 = n/a, 4 = agree, and 5 = strongly agrees

DEPTH:	The seminar material is of sufficient depth/breadth to impart new information to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		1	2	3	4	5
EXPECTATIONS:	The seminar was as advertised and met my expectations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		1	2	3	4	5
USEFUL REFERENCE:	The material will be a useful reference source for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		1	2	3	4	5
VALUE:	The seminar was of practical value to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		1	2	3	4	5
RECOMMEND:	I would recommend this seminar to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		1	2	3	4	5

WHAT DID YOU LIKE ABOUT THE SEMINAR? _____

WHAT WOULD YOU IMPROVE ABOUT THE SEMINAR? _____

WHAT NEW SEMINAR TOPICS WOULD YOU LIKE TO SEE? _____

KEY ISSUES YOU ARE FACING: _____

DID YOU KNOW?

The feedback from your evaluations assists us in the planning of seminar titles, instructors and venues.

We want to hear from you!

TURN PAGE OVER

NEXT

SEMINAR EVALUATION FORM

LEADER EVALUATION

On a scale of 1 to 5, where 1 = Needs Improvement, 2 = Poor, 3 = Moderate, 4 = Good, and 5 = Excellent

LEADER NAME:		LEADER NAME:	
Presentation Style		Presentation Style	
Subject Knowledge		Subject Knowledge	
(Facilitation) Handling Questions/ Lead Discussions		(Facilitation) Handling Questions/ Lead Discussions	
Use of Relevant Examples		Use of Relevant Examples	
Overall Rating from 1 to 5		Overall Rating from 1 to 5	

COMMENTS: _____

CUSTOMER SERVICE EVALUATION

On a scale of 1 to 5, where 1 = Needs Improvement, 2 = Poor, 3 = Moderate, 4 = Good, and 5 = Excellent

FACILITIES EVALUATION (check one)					SERVICE (COFFEE/ LUNCH) (check one)					PD ADMINISTRATION (check one)				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	1	2	3	4	5	1	2	3	4	5

COMMENTS: _____

REQUEST FOR TESTIMONIAL

I, _____, give consent to the Institute of Chartered Accountants of Alberta to use
NAME

my written testimonial on this seminar for the purposes of promotion and/or communication.

Please be sure to check ☒ YES if you are interested. YES ☐ NO ☐

Phone/email: _____

Please write testimonial below or email to pdregistration@cpaalberta.ca

PLEASE GIVE THIS EVALUATION FORM TO THE SEMINAR LEADER. THANK YOU!