



SESSION EVALUATION FORM

Please note that this form does not need to be completed for sessions in the Paediatrics & Child Health Division program

As a part of the College's commitment to its Fellows and Trainees, your comments on the session are highly valued and will be used to improve the value of Physicians Week to all members.

Please take a few minutes to complete this form and place it in the marked boxes at the RACP Booth in the Exhibition Hall or the Registration Desk, prior to the end of the Physicians Week.

1. Session Name:

2. Session Day/Date:

3. Session Time:

4. Are you (tick more than one, if applicable):

- | | | |
|-----------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------|
| <input type="checkbox"/> Basic Trainee | <input type="checkbox"/> Advanced Trainee | |
| <input type="checkbox"/> FRACP (Paediatrics & Child Health) | <input type="checkbox"/> FRACP (Adult Medicine) | <input type="checkbox"/> IMSANZ |
| <input type="checkbox"/> FAFOEM | <input type="checkbox"/> FAFPHM | <input type="checkbox"/> FAFRM |
| <input type="checkbox"/> FACHAM | <input type="checkbox"/> FACHPM | <input type="checkbox"/> FACHSHM |
| <input type="checkbox"/> Member of the Chapter of Community Child Health (Non Fellow/Trainee) | | |
| <input type="checkbox"/> Other (please specify) | | |

5. Please rate the session on following scale:

	Excellent		Average		Poor
	1	2	3	4	5
1. Relevance of the topic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Format of the session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Standard of presentations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Presentation Styles:					
Presenter					
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Audio Visual Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Please comment on strengths or weaknesses of this session.

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Thank you for taking the time to complete this form.