

**CPE Credit  
Standard Participant Evaluation Form**

**Program Name: Becker Professional Education**

**Tell Us About Yourself:**

**Name (optional)** \_\_\_\_\_

**Class location:** \_\_\_\_\_

**Rate the Program:**

Please indicate the extent to which you agree with the following statements using a scale from 1 (agree) to 5 (disagree):

	Agree			Disagree	
	1	2	3	4	5
1. Were the stated learning objectives met?					
2. Were the program materials accurate?	1	2	3	4	5
3. Were the program materials relevant and did they contribute to the achievement of the learning objectives?	1	2	3	4	5
4. Was the time allotted to the learning activity appropriate?	1	2	3	4	5
5. Were individual instructors effective?	1	2	3	4	5
6. Were facilities and/or technological equipment appropriate?	1	2	3	4	5
7. Were the handout or advance preparation materials satisfactory?	1	2	3	4	5
8. Were the audio and video materials effective?	1	2	3	4	5