



Continuing Education Approval Program

Summary Evaluation Data Form

SUMMARY EVALUATION DATA FORM

*Return within 60 days of event to:
National Association of Social Workers, Office of Continuing Education
750 First Street, Suite 700, NE, Washington, DC 20002-4241*

Please Print

Name of Sponsoring Organization

Address

Phone Number

E-mail

Title of Program

Location—City

State

Date

Instructor

Please provide aggregate data on each of the evaluation areas below and attach a copy of the actual evaluation form distributed to participants.

<i>Evaluation assessment area</i>	<i>Aggregate score</i>
• Participant achievement of learning objectives (please list assessment of each learning objective separately)	
• Usefulness of the program content for meeting each of the program's stated educational objectives	
• Quality of instruction	
• Instructor's teaching ability	
• Instructor's level of knowledge and expertise	
• Adequacy of physical facilities	
<i>Additional questions for distance education programs</i>	
• Product ease of use	
• Availability of instructor	
<i>Please list other areas of assessment below</i>	