

**MISSISSIPPI NURSES FOUNDATION**  
**Evaluation Summary – Education Design II**

**Provider**

**MS Nurses Foundation Approval #**

**Title of Activity**

**Date of Activity**

Likert Scale

Low/Poor

High/Excellent

Not Applicable

1	2	3	4	5	N/A
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1. Relevance of purpose/goals to objectives

1	2	3	4	5	N/A

2. Learner achievement of objectives

1	2	3	4	5	N/A

3. Teaching/learning resources effectiveness

1	2	3	4	5	N/A

4. Commercial Bias

YES	NO

5. Average time in minutes to complete this activity \_\_\_\_\_

Number of RNs receiving Verification of Attendance forms \_\_\_\_\_

Number of Non-RNs receiving Verification of Attendance forms \_\_\_\_\_

Number of total participants receiving Verification of Attendance forms \_\_\_\_\_

This educational activity approved for \_\_\_\_\_ contact hours.

Total contact hours awarded to RNs (\_\_\_\_\_ contact hrs x \_\_\_\_\_ number of RNs = \_\_\_\_\_)

Total contact hours awarded to all participants (\_\_\_\_\_ contact hrs x \_\_\_\_\_ participants) \_\_\_\_\_

**Printed publicity was utilized** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

*All printed publicity related to this activity must be attached.*

**Action plan for negative evaluations** \_\_\_\_\_

Written comments: (may continue on the back)