

MISSISSIPPI NURSES FOUNDATION

Evaluation Summary – Education Design I

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 |
|---|---|---|---|---|-----|

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 expertise of faculty

| | | | | | |
|---|---|---|---|---|-----|
| 1 | 2 | 3 | 4 | 5 | N/A |
| | | | | | |

4. Appropriateness of teaching strategies

| | | | | | |
|---|---|---|---|---|-----|
| 1 | 2 | 3 | 4 | 5 | N/A |
| | | | | | |

5. Commercial Bias

| | |
|-----|----|
| YES | NO |
| | |

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)