

OBRT Evaluation Form

This evaluation assists the OBRT in monitoring course quality and faculty skill level to maintain CE program standards. Sponsors please submit **summaries** of evaluation forms. This form does not document credit or attendance.

Institution, business or individual: _____

Contact: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Course Approval Number: _____ Date: _____

Presentation Title: _____

Rating Scale:	Very Satisfied	Satisfied	Undecided	Dissatisfied	Very Dissatisfied
Content Conducive to My Learning:	1	2	3	4	5
Manner and Skill of Presentation:	1	2	3	4	5
Content Relevant to My Work:	1	2	3	4	5
Content Covered Published Course Description:	1	2	3	4	5
Overall Satisfaction:	1	2	3	4	5

Comments: _____

Please return completed SUMMARY; OBRT, 800 NE Oregon St, Suite 1160A. Portland, OR 97232-2162 or FAX: 971-673-0218.