

Chapter logo here

Healthcare Financial Management Association

Certification Program Chapter Coaching Course

Evaluation Form

(Date here) (Chapter name here) (Location here)

 ***Above* *Below***

**Overall Session Evaluation *Excellent Average Average Average Poor***

Program Overall 5 4 3 2 1

Program Met Objectives 5 4 3 2 1

Appropriate Time Allocation 5 4 3 2 1

Materials:

 *Were accurate* 5 4 3 2 1

 *Were relevant* 5 4 3 2 1

 *Contributed to achieving the objectives* 5 4 3 2 1

 *Were* o*verall satisfactory* 5 4 3 2 1

***Speaker Name: \_\_\_\_\_\_\_\_\_\_\_\_* *Above Below***

**Facilitator Evaluation *Excellent Average Average Average Poor***

Speaker Overall Evaluation 5 4 3 2 1

Use of Audio-Visual Materials 5 4 3 2 1

Practical Information 5 4 3 2 1

Organized Presentation 5 4 3 2 1

Credible Information 5 4 3 2 1

Presentation Style 5 4 3 2 1

Information at Appropriate Level 5 4 3 2 1

***Speaker Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* *Above Below***

**Facilitator Evaluation *Excellent Average Average Average Poor***

Speaker Overall Evaluation 5 4 3 2 1

Use of Audio-Visual Materials 5 4 3 2 1

Practical Information 5 4 3 2 1

Organized Presentation 5 4 3 2 1

Credible Information 5 4 3 2 1

Presentation Style 5 4 3 2 1

Information at Appropriate Level 5 4 3 2 1

***ADD ADDITIONAL PAGES FOR MORE SPEAKERS AS NEEDED***

**What did you like most about the course?**

**What did you like least about the course? How would you change it?**

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