Evaluation summary report

*Please email this report to* PSAeducation@psa.org.au *within 20 business days (1 month) of completion of the activity or on a 6-monthly basis for ongoing activities.*

Activity name: ......................................................... Accreditation number: .....................................

Provider name: ........................................ Sponsor name: ..............................................

Date of activity: Location: .............................................................

Number of participants:

Number of evaluation forms received:

Participant evaluation rate:

|  |  |
| --- | --- |
| **Performance criteria** | **3-point scale** |
|  | Entirely achieved | Partially achieved | Not achieved |
| 1. **The learning outcome objectives for this activity were:**
* [Insert learning objective 1]
* [Insert learning objective 2]
* [Insert learning objective 3]

**To what extent were these learning outcome objectives achieved?** |  |  |  |
| Comments: |
|  | Entirely relevant | Partially relevant | Not relevant |
| 1. **To what extent were the activity and content relevant to practice?**
 |  |  |  |
| Comments: |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Entirely satisfied | Partially satisfied | Not satisfied |
| 1. **Rate your overall satisfaction of this activity**
 |  |  |  |
| Comments: |
|  | Entirely suitable | Partially suitable | Not suitable |
| 1. **Rate the suitability of the delivery of this activity**
 |  |  |  |
| Comments: |