**Appendix VIII(a)**

**Continuing Professional Development (CPD) Programme of**

The Dental Council of Hong Kong

Evaluation Form of individual CPD Activity organized by

Full / Provisional CPD Programme Provider

|  |  |  |
| --- | --- | --- |
| Name of CPD activity  | : |  |
| Date & Time : | : |  |
| Venue  | : |  |
| Core CPD activity (Y/N) | : |  |
| (If yes, please specify the area) |  |  |
| CPD points awarded  | : |  |
| No. of attendants  | : |  |
| No. of questionnaires collected  | : |  |

(A) Summary of ratings from participants *( in % )*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | ***Excellent*** | ***Very Good*** | ***Satisfactory*** | ***Unsatisfactory***  | ***Poor***  |
| ***1.*** | ***Educational objectives being achieved*** |  |  |  |  |  |
| ***2.*** | ***Knowledge imparted*** |  |  |  |  |  |
| ***3.*** | ***Practicability and of good reference*** |  |  |  |  |  |
| ***4.*** | ***Content coverage*** |  |  |  |  |  |
| ***5.*** | ***Pace (Too fast/Too slow)*** |  |  |  |  |  |
| ***6.*** | ***Training approach and method*** |  |  |  |  |  |
| ***7.*** | ***Teaching and presentation skill*** |  |  |  |  |  |
| ***8.*** | ***Suitability of venue*** |  |  |  |  |  |
| ***9.*** | ***Duration of programme (Too long/Too short)*** |  |  |  |  |  |
| ***10.*** | ***Overall rating***  |  |  |  |  |  |

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| --- |
| ***(B) Suggestions/comments from participants :*** |
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|  |
|  |
| ***(C) Evaluation of the course by the CPD Programme Provider :*** |
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|  |
|  |

*Date :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*