**Annex B to Appendix IV**

**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

for the 2020 - 2022 CPD Cycle

|  |  |  |
| --- | --- | --- |
| Name of CPD activity | : |  |
| Date & Time : | : |  |
| Venue | : |  |
| Core CPD activity (Yes/No) | : |  |
| (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*** | |  |  |  |  |  | |
| (B) ***Suggestions/comments from participants :*** | | | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
| (C) ***Evaluation of the course by the CPD Programme Provider :*** | | | | | | | |
|  | | | | | |
|  | | | | | |
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|  |
| --- |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of person in-charge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*Rev. Nov 2019*