**KENT AND MEDWAY CPPD SESSIONS- EVALUATION FORM**

CPPD session Title ……………………………………………………………………………….

Date attended or accessed recording …………………………………….

Presenter(s) ………………………………………………………………………………………….

Please answer and add comments to the questions below

1. What is your overall assessment of the session (1= Poor – 5= excellent)

1 2 3 4 5

1. Did the session cover what you expected? (1= Disagree – 5= Agree)

1 2 3 4 5

1. Which topics or area covered did you find the most interesting and useful?

……………………………………………………………………………………………………………………………………………….

1. What I need to learn more about:

……………………………………………………………………………………………………………………………………………….

1. What aspects did not meet expectations:

……………………………………………………………………………………………………………………………………………….

1. I will now be able to apply the following within my role and/or to my personal professional development:

……………………………………………………………………………………………………………………………………………….

……………………………………………………………………………………………………………………………………………….

1. My overall feeling about the session

……………………………………………………………………………………………………………………………………………….

1. The session might have been more effective if: ……………………………………………………………………………………………………………………………………………….
2. Suggestions and feedback for future and follow on sessions:

……………………………………………………………………………………………………………………………………………….

……………………………………………………………………………………………………………………………………………….

Once complete, please send to: [mtw-tr.kmpn\_workforceeducation@nhs.net](https://future.nhs.uk/$$8E9D2399-C307-4692-A792D24C9771FCE3$$/mtw-tr.kmpn_workforceeducation@nhs.net)