Evaluation Form Please complete this evaluation form and return it to the coordinator at the end of the educational session.

Event: EPI Winter	2025 S€	emin	ar S	erie	<u>S</u> #	Credit H	our(s):			_ Date:					
Presenting Departmen	t: _	Dep	artr	nen	t of Epic	demiology	, Bio	ostat	istic	s an	d Occu	pation	al He	alth		
Event Title:																
Please rate This activity:	the qu	ality	of t	the a	activity (on a scale	of 1	(str	ong	ly di	isagree)	to 5 (s	trong	gly ag	gree)	•
Met the stated learning objectives										1	2	3		4	5	
Enhanced my knowledge											1	2	3		4	5
Satisfied my expectations										1	2	3		4	5	
Conveyed information that applied to my practice										1	2	3		4	5	
Allocated at least 25% of the time for interaction										1	2	3		4	5	
Was free from commercial bias?									1	2	3		4	5		
What did you learn or impact your practice?	how wi	ll thi	s ev	ent/	_											
Please indicate which CanMEDS roles you felt were addressed during this educational activity?					☐ Medical Expert☐ Communicator☐ Professional					☐ Scholar ☐ Collabo ☐ Manager ☐ Health Advocate				oorator		
Pleas	se rate	the o	ıual	lity		luation o				of 1	(poor) t	to 5 (ex	celle	nt).		
Name of Presenter		all I Effec			ation s	Content Relevance						Used Effective Teaching Methods				
	1	2	3	4	5	1	2	3	4	5			1	2 3	4	5
	-															
	1	2	3	4	5	1	2	3	4	5			1	2 3	4	5
Additional Comments:	1	2	3	4	5	1	2	3	4	5			1	2 3	4	5
	1	2	3	4	5	1	2	3	4	5			1	2 3	4	5