



NORTHEASTERN SOCIETY OF PERIODONTISTS, INC.

Meeting Evaluation Form

Your input is important to us in determining whether our Program meets your needs and interests. It is also required by the ADA to maintain our CERP accreditation. Please fill out this form and leave it at the registration desk or mail it to:

NESP, Inc.
c/o Dr. David I. Kratenstein, Executive Director
184 Pond View Drive
Port Washington, NY 11050

Meeting Date: _____

Reviewer: _____ Email: _____

OVERALL SESSION

- | | | |
|--|---|---|
| 1. Subject was relevant | Y | N |
| 2. Session was described accurately in the Promotional material | Y | N |
| 3. New Information was provided | Y | N |
| 4. Audio visuals related to subject | Y | N |
| 5. The course met its stated objectives | Y | N |
| 6. The program met your personal objectives in attending this course | Y | N |

SPEAKERS

- | | | |
|---|---|---|
| 1. Were the instructors prepared? | Y | N |
| 2. Was the time spent on lecture information adequate? | Y | N |
| 3. Were the instructors responsive to questions? | Y | N |
| 4. Did the instructors achieve the goals of the lecture? | Y | N |
| 5. Did the speaker give a content summary and did attendees relate that they have mastered the content? | Y | N |

Evaluate Each Speaker

Speaker 1: (enter name) _____

- | | | |
|--|---|---|
| 1. Did speaker achieve the stated course objectives? | Y | N |
| 2. Did speaker have adequate AV material? | Y | N |
| 3. Did course provide new information to you? | Y | N |
| 4. Were your personal objectives in taking this course achieved? | Y | N |

Speaker 2: (enter name) _____

- | | | |
|--|---|---|
| 5. Did speaker achieve the stated course objectives? | Y | N |
| 6. Did speaker have adequate AV material? | Y | N |
| 7. Did course provide new information to you? | Y | N |
| 8. Were your personal objectives in taking this course achieved? | Y | N |

Speaker 3: (enter name) _____

- | | | |
|---|---|---|
| 9. Did speaker achieve the stated course objectives? | Y | N |
| 10. Did speaker have adequate AV material? | Y | N |
| 11. Did course provide new information to you? | Y | N |
| 12. Were your personal objectives in taking this course achieved? | Y | N |

Speaker 4: (enter name) _____

- | | | |
|---|---|---|
| 13. Did speaker achieve the stated course objectives? | Y | N |
| 14. Did speaker have adequate AV material? | Y | N |
| 15. Did course provide new information to you? | Y | N |
| 16. Were your personal objectives in taking this course achieved? | Y | N |

Speaker 5: (enter name) _____

- | | | |
|---|---|---|
| 17. Did speaker achieve the stated course objectives? | Y | N |
| 18. Did speaker have adequate AV material? | Y | N |
| 19. Did course provide new information to you? | Y | N |
| 20. Were your personal objectives in taking this course achieved? | Y | N |

1. Suggestions for Continuing Education Program improvements

2. What other course/instructors would you suggest?

3. Would you recommend another program on these subjects?

4. What type of course or subject would satisfy your future needs?

Please return the completed form to the desk at the conclusion of the Meeting
Or mail to:
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c/o Dr. David Kratenstein, Executive Director
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Port Washington, NY 11050