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CFP Board Ethics CE Program Evaluation

**Program Title:** **Program Sponsor:**

**Program Date:**  **Instructor Name:**

Rate This Program (put a check in the box to designate your choice):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree |
| The learning objectives were clearly articulated |  |  |  |  |  |
| Content was well organized and presented |  |  |  |  |  |
| Content was relevant and helpful |  |  |  |  |  |
| The activities incorporated in the program helped illustrate how the new *Code and Standards* would be applied |  |  |  |  |  |
| The instructor was knowledgeable about the new *Code and Standards* |  |  |  |  |  |
| The instructor was able to adequately respond to questions |  |  |  |  |  |
| There was high quality interaction between the instructor and participants |  |  |  |  |  |
| The length of the program was just right to adequately cover the content |  |  |  |  |  |
| This program provided a comprehensive overview of the new *Code and Standards* |  |  |  |  |  |

**Were there any questions you did not have an opportunity to ask?**

* Yes (If Yes, please list your questions below and we will respond to the group.)
* No

**How many stars would you give this program? (Five is the highest rating): \_\_\_\_\_\_**✰✰✰✰✰

Thank you for completing the program evaluation!