

EVALUATION FORM FOR PROVIDER DIRECTED ACTIVITY (EDI)

Title of Educational Activity: _____

Presenter: _____

Circle your rating on the following statements using this scale: 1 = low 4 = high

- | | | | | |
|---|---|---|---|---|
| 1. The relationship of the objectives to the overall purpose/goal(s) of the activity. | 1 | 2 | 3 | 4 |
| 2. Learner's achievement of each objective: | | | | |
| Objective 1 – <i>type in objective</i> | 1 | 2 | 3 | 4 |
| Objective 2 – <i>type in objective</i> | 1 | 2 | 3 | 4 |
| Objective 3 – <i>type in objective</i> | 1 | 2 | 3 | 4 |
| 3. Rate the expertise of the presenter. | 1 | 2 | 3 | 4 |
| 4. Appropriateness of the teaching strategies. | 1 | 2 | 3 | 4 |
| 5. Appropriateness of the physical facilities. | 1 | 2 | 3 | 4 |

Comments/Suggestions: