

Practice Based Support Session Evaluation

Name:..... Date:

E-mail address:

Clinical role:

1. Overall, what did you think of the format?

.....
.....

2. What were the pros?

.....
.....

3. What were the cons?

.....
.....

4. What could be done to improve it?

.....

5. Would you recommend this format to others? (circle one) Y N

6. How useful did you find the session(s)?

1 2 3 4 5 6 7 8 9 10

Not at
all useful

Extremely
useful

7. Why?

.....
.....

Thank You