



**Example Feedback Form 3 – Feedback form for RN Teaching, Workshop, or Presentation Sessions**

Colleague: Please share your thoughts on the value and relevance of the following session components by checking the shaded boxes below:

Name of RN Requesting Feedback \_\_\_\_\_

Date \_\_\_\_\_

Signature of Colleague Completing Feedback form \_\_\_\_\_

The topic or (topics) presented by the RN were:					
	<u>Excellent</u>	<u>Good</u>	<u>Average</u>	<u>Minimal</u>	<u>Low</u>
I would rate the overall value of this session as:					
The presenter considered my learner readiness and prior learning in developing and presenting this education session.					
The approach and teaching methods used to deliver this session was appropriate for my learning.					
The presenter was knowledgeable and able to explain concepts easily					

There was ample time for asking questions and audience participation					
The session was of adequate timeframe (not too long; not too short)					

Comments:

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