

Teleconference Evaluation
B.C. Therapeutic Recreation Association
 Event:

To what extent do you agree that the following statements describes your opinions about this BCTRA education event?

(Check one for each line):

Extent of Agreement

Strongly Disagree	Disagree	Agree	Strongly Agree	N/A
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Process Evaluation

- | | | | | | |
|---|---------------------------------|---------------------------------|---------------------------------|---------------------------------|----------------------------|
| 1. I received the email broadcast in a timely manner..... | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> 3..... | <input type="checkbox"/> 4..... | <input type="checkbox"/> 5 |
| 2. I could locate the handouts easily on the BCTRA website..... | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> 3..... | <input type="checkbox"/> 4..... | <input type="checkbox"/> 5 |
| 3. The registration process was clear and easily completed..... | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> 3..... | <input type="checkbox"/> 4..... | <input type="checkbox"/> 5 |
| 4. I was able to connect with the videoconference easily..... | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> 3..... | <input type="checkbox"/> 4..... | <input type="checkbox"/> 5 |
| 5. I was satisfied with the location..... | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> 3..... | <input type="checkbox"/> 4..... | <input type="checkbox"/> 5 |

Speaker Evaluation

- | | | | | | |
|---|---------------------------------|---------------------------------|---------------------------------|---------------------------------|----------------------------|
| 6. The speaker was knowledgeable in the area..... | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> 3..... | <input type="checkbox"/> 4..... | <input type="checkbox"/> 5 |
| 7. The learning objectives were met..... | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> 3..... | <input type="checkbox"/> 4..... | <input type="checkbox"/> 5 |
| 8. The session expanded my general knowledge..... | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> 3..... | <input type="checkbox"/> 4..... | <input type="checkbox"/> 5 |
| 9. I was challenged by new ideas..... | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> 3..... | <input type="checkbox"/> 4..... | <input type="checkbox"/> 5 |
| 10. The session met my expectations..... | <input type="checkbox"/> 1..... | <input type="checkbox"/> 2..... | <input type="checkbox"/> 3..... | <input type="checkbox"/> 4..... | <input type="checkbox"/> 5 |

The most valuable thing I learned today was:

Do you have any suggestions for the speaker for future presentations?

Are there any other topics that you would like presented in the future?

Additional comments regarding this conference and suggestions for future conferences: