

## Asthma Educator Certificate Course Participant Evaluation Form

Please rate each speaker on each of the listed characteristics using the following scale:  
5 = excellent; 4 = Good; 3 = average; 2 = poor; 1 = not applicable

	<b>Session 1:</b> <i>Name</i>	<b>Session 2:</b> <i>Name</i>	<b>Session 3:</b> <i>Name</i>	<b>Session 4:</b> <i>Name</i>	<b>Session 5:</b> <i>Name</i>	<b>Session 6:</b> <i>Name</i>	<b>Session 7:</b> <i>Name</i>	<b>Session 8:</b> <i>Name</i>	<b>Session 9:</b> <i>Name</i>	<b>Session 10: Case Studies</b>
Knowledge of subject										
Organization/ clarity of content										
Enthusiasm and ability to stimulate interest in subject										
Effective use of audiovisual materials										
Balanced amount of theory & application										

<b>Program content</b>	<b>Excellent = 5</b>	<b>Poor = 1</b>
The degree to which the course objectives were met		
The degree to which the course met my expectations		
The degree to which the skills practice session (Session 9) was useful		
The degree to which I will be able to apply what I have learned.		
<b>Program organization</b>		
Time available to cover the course		
The setting/physical environment was conducive to learning		
Overall organization of the course		

**What area(s) of the course content, if any, should be given:**

**More coverage?**

**Less coverage?**

**What did you learn that would change your practice related to asthma education?**

**What more would you like to learn about asthma education?**

**Additional comments:**

**Do you intend to sit for the National Certified Asthma Educator exam?**

Yes       No

**What setting do you work in? (please choose one)**

- Clinic
- Public Health
- Pharmacy
- Urgent Care
- College
- Research
- School