IFDEA International Federation of Dental Educators and Associations

Erosion/Tooth Wear

An IFDEA Course Reviewed by the Medical College of Georgia School of Dentistry

Program date: _____

Program location: _____

EVALUATION FORM

Please rate the following

1. Were the overall objectives for the program met? Yes No

		1 – poor, 6 – excellent					
2.	Rate the content of the presentation.	1	2	3	4	5	6
3.	Rate the overall quality of this session.	1	2	3	4	5	6
4.	Rate the timeliness of the program content.	1	2	3	4	5	6
5.	The symposium met its educational objectives.	1	2	3	4	5	6
6.	Rate the presenter's mastery of the subject.	1	2	3	4	5	6
7.	The presenter was effective in presenting the material.	1	2	3	4	5	6
8.	The program provided information that I will use in my practice.	1	2	3	4	5	6
9.	The presenter covered multiple viewpoints.	1	2	3	4	5	6
10.	Faculty provided an unbiased view of the products discussed.	1	2	3	4	5	6
11.	There was sufficient audience participation.	1	2	3	4	5	6
12.	Audiovisual materials were of high quality.	1	2	3	4	5	6
13.	Rate the meeting space.	1	2	3	4	5	6
14.	Rate the registration process.	1	2	3	4	5	6

Would you attend another program by this speaker? Yes No

How did you hear about this program? Mail Representative Phone Call

Journal Advertisement Other: _____

Please provide any additional comments regarding this scientific program.

_____

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_____

Please provide suggestions for clinical education coursed you would like to see developed.

_____

_____

_____

Name (optional): _____

Thank you