CPE COURSE EVALUATION FORM

(Must be returned within 24 hours of viewing program online to Sue Gabrielson at sue@pskcpa.com or faxed to Sue at 817-664-3001)

NAME _____

ORGANIZATION NAME _____

CITY_____ **STATE** _____ **ZIP** _____

E-MAIL _____

NAME OF COURSE _____

INSTRUCTOR _____

First Code_____ **Second Code**_____ **Third Code**_____

SA=Strongly Agree A=Agree N=Neutral D=Disagree SD=Strongly Disagree NA=Not Applicable

1. Objectives have been met	**SA**	**A**	**N**	**D**	**SD**	**NA**
2. Prerequisites were necessary or desirable	**SA**	**A**	**N**	**D**	**SD**	**NA**
3. Facilities were satisfactory	**SA**	**A**	**N**	**D**	**SD**	**NA**
4. The instructor was effective	**SA**	**A**	**N**	**D**	**SD**	**NA**
5. Advanced preparation materials were satisfactory	**SA**	**A**	**N**	**D**	**SD**	**NA**
6. The program content was timely and effective	**SA**	**A**	**N**	**D**	**SD**	**NA**
7. Overall satisfaction with the program	**SA**	**A**	**N**	**D**	**SD**	**NA**
8. Overall satisfaction with the topics covered	**SA**	**A**	**N**	**D**	**SD**	**NA**

COMMENTS:

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Signature _____ **Date**_____

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(to be filled out by PSK)

SPONSOR NAME & NO. _____ **COURSE #** _____