Session Feedback Overview:

EVALUATION FORM

Lecture Titles: _____

Date: _____

Lecturer: _____ *Professor, UCSD Division of Global Public Health*

1. **Please State one thing that you learned from this session:**
   _____
   _____

2. **Please State one thing you would have wanted to learn from this session:**
   _____
   _____

3. **How useful do you think that the information presented in this lecture will be to you as a health professional?**
   _____
   _____

4. **Please rate the instructor's effectiveness in giving this lecture:**

   1= Poor 2= Fair 3= Good 4= Very Good 5= Excellent

5. **Knowledge of Subject:** 1= Poor 2= Fair 3= Good 4= Very Good 5= Excellent

6. **Appropriate level of instruction:** 1= Poor 2= Fair 3= Good 4= Very Good 5= Excellent

7. **Clear presentation of concepts:** 1= Poor 2= Fair 3= Good 4= Very Good 5= Excellent

8. **Effectively addresses student questions/needs:** 1= Poor 2= Fair 3= Good 4= Very Good 5= Excellent

Additional Comments:
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