



EVALUATION AND POINTS REPORTING FORM

You must complete and return this form to obtain appropriate points towards MAS/CAS designation. **Please use a separate form for each session submitted.**
A processing fee of \$10 will be applied for each session.

Your Name _____ PDI# _____

Company Name _____

Company Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Telephone _____ E-mail _____

Visa/MC # _____

Expiry Date _____ Cardholder's Name _____

Title of Workshop: _____

List 3 objectives, stated by the speaker, from this program.

What were 2 examples or ideas, utilized by the speaker, to reinforce the program's objectives?

What did you learn from this session that you will be able to apply to your own career?

Did this session meet your needs? Why or why not.

Please rate the following according to the scale: (Rating Scale 1= Poor; 5=Average; 10=Excellent)

Did the facilitator(s):

have sufficient knowledge of the subject?	1	2	3	4	5	6	7	8	9	10
hold your attention?	1	2	3	4	5	6	7	8	9	10
utilize relevant examples?	1	2	3	4	5	6	7	8	9	10