



## Evaluation Form

Program Title: \_\_\_\_\_

Program Instructor: \_\_\_\_\_

Program Date: \_\_\_\_\_

Participant (optional): \_\_\_\_\_

Please indicate your agreement with the following statements:

	Agree	Disagree	Don't Know
1. Stated learning objectives were met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Stated prerequisite requirements were appropriate and sufficient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Program materials, including the qualified assessment, if any, were relevant and contributed to the achievement of the learning objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Time allotted to the learning activity was appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Was the presenter, Joshua Jenson, CPA effective?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments (use back of sheet as needed):

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Thank you for your comments!

Please email your form to

[help@jjthecpacpe.com](mailto:help@jjthecpacpe.com)