

**Evaluation Form**

**Full name of CE Provider:** JJ THE CPA PLLC

**IRS Issued Provided Number** YWTHG

**Program Name:**

**Date(s) Program was Completed:**

**Name of Participant (optional):**

Please indicate your agreement with the following statements:

**RATING SCALE**

**1      2      3      4      5      NA**

- 1. Were stated learning objectives met?
- 2. Were program materials accurate, relevant and did they contribute to the achievement of the learning objectives?
- 3. Was the time allotted to learning adequate?
- 4. Were the facilities / equipment appropriate?
- 5. Were the handout materials satisfactory?
- 6. Were the audio and video materials effective?
- 7. Were individual instructors knowledgeable and effective?

Additional Comments (use back of sheet as needed):

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