

**ALBERTA FITNESS LEADERSHIP CERTIFICATION ASSOCIATION
CONTINUING EDUCATION CREDIT PROGRAM**

PARTICIPANT EVALUATION

Course Name: _____ **Course Reference Number:** _____

Facilitator Name(s): _____ **Course Dates:** _____

What was the main purpose for attending this workshop?

- | | |
|--|---|
| <input type="checkbox"/> Accumulate Credits
for AFLCA Recertification | <input type="checkbox"/> Interest in Workshop Content |
| <input type="checkbox"/> Job / Volunteer Position
Requirement | <input type="checkbox"/> Facilitators Reputation in the field |
| <input type="checkbox"/> Other (please specify)
_____ | <input type="checkbox"/> New Information / Theory |

Do you feel the number and type of AFLCA Continuing Education Credits you received was appropriate?

- | | |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No, I did not receive enough credits for the time involved |
| | <input type="checkbox"/> No, I did not receive the appropriate "type" of credits (theory, practical or leadership) for content covered |
| | <input type="checkbox"/> Other (please specify) _____ |

How would you rate the presenter's knowledge of the material covered in the session?

- | |
|--|
| <input type="checkbox"/> Exceeded my expectations |
| <input type="checkbox"/> My expectations were met |
| <input type="checkbox"/> I was expecting more from the presenters (elaborate if you wish)
_____ |

How would you rate the presenter's ability to help you learn?

- Individual was efficient at promoting learning
 - Individual was satisfactory at promoting learning
 - I found it difficult to learn with the presenter's teaching style (elaborate if you wish)
-

Please choose one or more statements, which best reflects your feeling about the session.

- It was a session which was relevant to my certification
- I would recommend this session to fellow leaders looking for further education
- I attended for AFLCA Continuing Education Credit
- I did not feel the information was applicable to me
- I would not recommend this session to fellow leaders

I found the session worthwhile and feel I came away with new information

Yes No

I will change a practice/behavior as a result of attending Yes No

If I were leading the session, one thing I would change would be:

If I were leading the session, one thing I would definitely keep would be:

Please feel free to submit additional comments below:

The AFLCA thanks you for your time to complete this questionnaire.

If you wish to have someone from the AFLCA Office contact you to discuss your feedback, please leave your Name: _____ and Phone Number: _____.

All feedback and conversations are confidential.