

# Advanced Business & Clinical Skills Course Evaluation

Course date(s): \_\_\_\_\_

Instructor Code \_\_\_\_\_

City/State of Workshop \_\_\_\_\_

Name of the Instructor \_\_\_\_\_

	strongly agree	agree	disagree	strongly disagree	no opinion
1. Instructor was dynamic and knowledgeable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Information was useful and exciting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Materials provided were of high quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Objectives of increasing revenue were met	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Objectives of increasing reimbursement were met	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Objectives of increasing referrals were met	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Objectives of advanced practice management were met	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Educational level for this course was appropriate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Information is practical and can be applied immediately	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Information will be useful in training my staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Presentation was well organized and easy to follow	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. The course is worth 10 times its value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. The dates of this course were convenient for me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. The location of this workshop was good for me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. It was easy to enroll in this course	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I would recommend this course to other therapists	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I believe this course should be taught in PT/OT schools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I would like to attend other courses offered by IndeFree Assoc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What did you like BEST about this course? \_\_\_\_\_

What did you like LEAST about this course? \_\_\_\_\_

What would you say to someone considering this course? \_\_\_\_\_

I am a  physical therapist       occupational therapist       speech language pathologist

How long have you been practicing as a therapist? \_\_\_\_\_ years

Do you own a private practice?       Yes       No

Your ethnicity:       Caucasian/White       Hispanic/Latino       Black/African American  
                                   Asian/Pacific Islander       Other:

I need help funding my start-up/improvement?       Yes       No

I would like a partner to work with.       Yes       No

I am interested in a software system that integrates all components of my operations.       Yes       No

May we use your statement in our literature? \_\_\_\_\_      May we use your name in our literature? \_\_\_\_\_

(If you answered yes to both questions above, please complete the rest of this form.)

Name \_\_\_\_\_      Signature \_\_\_\_\_      Date \_\_\_\_\_

Email Address \_\_\_\_\_      Telephone \_\_\_\_\_