

LONDON REGIONAL CANCER PROGRAM
ONCOLOGY GRAND ROUNDS

ROUNDS EVALUATION FORM

Event/Title: _____

Presenters: _____ Date: _____

The presenter(s)	STRONGLY AGREE		EQUIVOCAL	STRONGLY DISAGREE	
	A	B	C	D	E
1. Provided objectives for the session at the beginning of the presentation(on reverse side)	A	B	C	D	E
2. Was clear and well-organized in presentation	A	B	C	D	E
3. Stimulated my enthusiasm about his/her topic	A	B	C	D	E
4. Established good rapport with the audience	A	B	C	D	E
5. Invited questions and participation from the audience	A	B	C	D	E

Please use this scale when giving your responses for question 6.

	OUT- STANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	UNSATIS- FACTORY
	A	B	C	D	E
6. What is your overall evaluation of this presenter?	A	B	C	D	E

The rounds:

7. Was the session well organized? YES NO

8. Was the session useful? YES NO

If **YES**, how will it impact your work? _____

If **NO**, why? _____

9. Please recommend other topics you would like to see presented at Grand Rounds:

10. Any other comments?

11. Please identify your discipline e.g., nursing, dietitian, physician:

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