



Continuing Education Approval Program

Summary Evaluation Data Form

SUMMARY EVALUATION DATA FORM	
<p align="center"><i>Return within 60 days of event to:</i> National Association of Social Workers, Office of Continuing Education 750 First Street, Suite 700, NE, Washington, DC 20002-4241</p>	
Please Print	
Name of Sponsoring Organization	
Address	
Phone Number	E-mail
Title of Program	
Location—City	State
Date	Instructor
Please provide aggregate data on each of the evaluation areas below and attach a copy of the actual evaluation form distributed to participants.	
<i>Evaluation assessment area</i>	<i>Aggregate score</i>
• Participant achievement of learning objectives (please list assessment of each learning objective separately)	
• Usefulness of the program content for meeting each of the program's stated educational objectives	
• Quality of instruction	
• Instructor's teaching ability	
• Instructor's level of knowledge and expertise	
• Adequacy of physical facilities	
<i>Additional questions for distance education programs</i>	
• Product ease of use	
• Availability of instructor	
<i>Please list other areas of assessment below</i>	