

# Participatory Study: Pre-fill Evaluation Sheet

EVALUATIONS REQUIRED FOR PARTICIPATORY CREDIT  
— SEND BACK WITH YOUR LOGS —

**Save Time**  
Pre-fill

Name,  
Address  
Ph  
City,  
State  
Zip  
E-mail

Before you  
Make Copies

- BEFORE DOING ANYTHING, MAKE 2 COPIES of THIS MASTER SHEET
- NEXT, Pre-fill as much information as possible. IE Personal Info, Study Site, Initials
- AFTER YOU PRE-FILLED YOUR MASTER, MAKE AT LEAST 6 COPIES.
- NEXT, LISTEN TO A CD or Tape, THEN fill in the CD / TAPE # , DATE of STUDY.
- NEXT, COMPLETE EVALUATIONS ( ie. 5, 4, 3, 2, 1, ) and send back with logs.

**CD Evaluation**  
1 Sheet = 4 HRS  
2 Sheets = 8 HRS  
3 Sheets =12 HRS  
4 Sheets =16 HRS

**TAPES Evaluation**  
1 Sheets = 3 HRS  
2 Sheets = 6 HRS  
3 Sheets = 9 HRS  
4 Sheets = 12 HRS

**SAVE TIME : Pre-fill Name, Address, Wk & Hm Ph , City, State, Email, Before you Make Copies. ( Not required for Self Study.)**

NAME: \_\_\_\_\_ WK # : (        ) \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ STE #: \_\_\_\_\_ HM # : (        ) \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 E-MAIL ADDRESS \_\_\_\_\_

**After Pre-filling and Copying, write in TAPE # and DATE of STUDY. Evaluations not required for Self Study.**

**Save Time**  
Pre-fill All

H, O, and X  
Before you  
Make Copies

Circle H or O

Initial at X

<b>CD #</b>	<input checked="" type="checkbox"/> _____	<b>DATE OF STUDY</b>	<input checked="" type="checkbox"/> ____/____/____	<b>STUDY SITE</b>	<input checked="" type="checkbox"/> (CIRCLE) H=Home O=Office <b>H O</b>	<b>STUDENT INITIALS</b>	<input checked="" type="checkbox"/> _____
<p><b>Directions: On a scale of 1-5 (5 being the highest, best or most and 1 being the least, lowest or worst) rate by being the number reflecting your opinion. (NUMBER RATINGS REQUIRED, WRITTEN COMMENTS OPIONAL)</b></p> <p>To what extent were your personal objectives satisfied? _____ 5 4 3 2 1 Comments _____</p> <p>To what extent did the environment contribute to the learning experience? _____ 5 4 3 2 1 Comments _____</p> <p>To what extent did the written materials contribute to the learning experience? _____ 5 4 3 2 1 Comments....RESPOND ONLY IF MATERIALS ARE SENT, OTHERWISE, IT IS NOT APPLICABLE</p> <p>To what extent were the objectives stated in the promotional literature or those stated at the beginning of the activity satisfied? _____ 5 4 3 2 1 Comments _____</p> <p>To what extent did the activity contain significant current intellectual practical content? _____ 5 4 3 2 1 Comments _____</p> <p><b>Please rate the faculty on the same scale.</b></p> <p>Overall Teaching Effectiveness _____ 5 4 3 2 1 Effectiveness of Teaching Methods _____ 5 4 3 2 1 Significant Current Intellectual or Practical Content _____ 5 4 3 2 1 Comments _____</p>							

**Save Time**  
Pre-fill All

H, O, and X  
Before you  
Make Copies

Circle H or O

Initial at X

<b>CD #</b>	<input checked="" type="checkbox"/> _____	<b>DATE OF STUDY</b>	<input checked="" type="checkbox"/> ____/____/____	<b>STUDY SITE</b>	<input checked="" type="checkbox"/> (CIRCLE) H=Home O=Office <b>H O</b>	<b>STUDENT INITIALS</b>	<input checked="" type="checkbox"/> _____
<p><b>Directions: On a scale of 1-5 (5 being the highest, best or most and 1 being the least, lowest or worst) rate by being the number reflecting your opinion. (NUMBER RATINGS REQUIRED, WRITTEN COMMENTS OPTIONAL)</b></p> <p>To what extent were your personal objectives satisfied? _____ 5 4 3 2 1 Comments _____</p> <p>To what extent did the environment contribute to the learning experience? _____ 5 4 3 2 1 Comments _____</p> <p>To what extent did the written materials contribute to the learning experience? _____ 5 4 3 2 1 Comments....RESPOND ONLY IF MATERIALS ARE SENT, OTHERWISE, IT IS NOT APPLICABLE</p> <p>To what extent were the objectives stated in the promotional literature or those stated at the beginning of the activity satisfied? _____ 5 4 3 2 1 Comments _____</p> <p>To what extent did the activity contain significant current intellectual practical content? _____ 5 4 3 2 1 Comments _____</p> <p><b>Please rate the faculty on the same scale.</b></p> <p>Overall Teaching Effectiveness _____ 5 4 3 2 1 Effectiveness of Teaching Methods _____ 5 4 3 2 1 Significant Current Intellectual or Practical Content _____ 5 4 3 2 1 Comments _____</p>							

**Save Time**  
Pre-fill All

H, O, and X  
Before you  
Make Copies

Circle H or O

Initial at X

<b>CD #</b>	<input checked="" type="checkbox"/> _____	<b>DATE OF STUDY</b>	<input checked="" type="checkbox"/> ____/____/____	<b>STUDY SITE</b>	<input checked="" type="checkbox"/> (CIRCLE) H= Home O=Office <b>H O</b>	<b>STUDENT INITIALS</b>	<input checked="" type="checkbox"/> _____
<p><b>Directions: On a scale of 1-5 (5 being the highest, best or most and 1 being the least, lowest or worst) rate by being the number reflecting your opinion. (NUMBER RATINGS REQUIRED, WRITTEN COMMENTS OPTIONAL)</b></p> <p>To what extent were your personal objectives satisfied? _____ 5 4 3 2 1 Comments _____</p> <p>To what extent did the environment contribute to the learning experience? _____ 5 4 3 2 1 Comments _____</p> <p>To what extent did the written materials contribute to the learning experience? _____ 5 4 3 2 1 Comments....RESPOND ONLY IF MATERIALS ARE SENT, OTHERWISE IT IS NOT APPLICABLE</p> <p>To what extent were the objectives stated in the promotional literature or those stated at the beginning of the activity satisfied? _____ 5 4 3 2 1 Comments _____</p> <p>To what extent did the activity contain significant current intellectual practical content? _____ 5 4 3 2 1 Comments _____</p> <p><b>Please rate the faculty on the same scale.</b></p> <p>Overall Teaching Effectiveness _____ 5 4 3 2 1 Effectiveness of Teaching Methods _____ 5 4 3 2 1 Significant Current Intellectual or Practical Content _____ 5 4 3 2 1 Comments _____</p>							

**Save Time**  
Pre-fill All

H, O, and X  
Before you  
Make Copies

Circle H or O

Initial at X

<b>CD #</b>	<input checked="" type="checkbox"/> _____	<b>DATE OFFERED</b>	<input checked="" type="checkbox"/> ____/____/____	<b>STUDY SITE</b>	<input checked="" type="checkbox"/> (CIRCLE) H=Home O=Office <b>H O</b>	<b>STUDENT INITIALS</b>	<input checked="" type="checkbox"/> _____
<p><b>Directions: On a scale of 1-5 (5 being the highest, best or most and 1 being the least, lowest or worst) rate by being the number reflecting your opinion. (NUMBER RATINGS REQUIRED, WRITTEN COMMENTS OPTIONAL)</b></p> <p>To what extent were your personal objectives satisfied? _____ 5 4 3 2 1 Comments _____</p> <p>To what extent did the environment contribute to the learning experience? _____ 5 4 3 2 1 Comments _____</p> <p>To what extent did the written materials contribute to the learning experience? _____ 5 4 3 2 1 Comments....RESPOND ONLY IF MATERIALS ARE SENT, OTHERWISE IT IS NOT APPLICABLE</p> <p>To what extent were the objectives stated in the promotional literature or those stated at the beginning of the activity satisfied? _____ 5 4 3 2 1 Comments _____</p> <p>To what extent did the activity contain significant current intellectual practical content? _____ 5 4 3 2 1 Comments _____</p> <p><b>Please rate the faculty on the same scale.</b></p> <p>Overall Teaching Effectiveness _____ 5 4 3 2 1 Effectiveness of Teaching Methods _____ 5 4 3 2 1 Significant Current Intellectual or Practical Content _____ 5 4 3 2 1 Comments _____</p>							

CALIFORNIA CLE EVALUATION SHEET 4 OF 4.PUB