HALO-FLIGHT CE PROGRAM EVALUATION

SESSION TITLE: A Patient's Journey **DATE:** 7/23/26

SPEAKER(s)/CREDENTIALS/PRESENTATION TITLE:

#1 Samantha Taylor, MA, LPC
#2 _____
#3 _____

MARKING INSTRUCTION

Use pen or pencil but do not use red ink

Make dark marks that fill the circle completely

Make erasures cleanly

● ⇦ Sample of Correct Mark

PERSONAL DATA: CommSpec Management Mechanic Pilot EMT RT Physician Paramedic Firefighter RN LEO Other: _____

SESSION EVALUATION	Strongly Agree	Agree	Disagree	Strongly Disagree	No Comment or N/A
1. Program fulfilled my expectations.	○	○	○	○	○
2. Audio and Visual aides were effective.	○	○	○	○	○
3. Objectives were clearly stated and met.	○	○	○	○	○
4. Outline in syllabus generally matched session presented.	○	○	○	○	○
5. The course information presented was current.	○	○	○	○	○
6. Speaker(s) was knowledgeable.	○	○	○	○	○
7. Educational content was appropriate to my professional experience.	○	○	○	○	○
8. Educational format (lecture, workshop, hands-on, etc.) was effective.	○	○	○	○	○
9. Speaker(s) presented no commercial biases.	○	○	○	○	○

OVERALL SPEAKER EVALUATION	Excellent	Good	Fair	Poor	No Comment
#1 Samantha Taylor, MA, LPC	○	○	○	○	○
#2	○	○	○	○	○
#3	○	○	○	○	○
#4	○	○	○	○	○
#5	○	○	○	○	○
#6	○	○	○	○	○

Suggestions for future topics / speakers:

Comments:

Email the completed form to wendyg@haloflight.org.