**Annex B to Appendix IV**

**Continuing Professional Development (“CPD”) Programme of**

**The Dental Council of Hong Kong**

**Evaluation Form of Individual CPD Activity**

**Organised by Full / Provisional CPD Programme Provider**

**for the 2023 - 2025 CPD Cycle**

|  |  |  |
| --- | --- | --- |
| Name of CPD activity | : |   |
| Date & Time | : |   |
| Mode of attendance | : | 口 Online (with live streaming only) 口 Online (on demand only)口 Physical attendance only 口 Dual mode |
| Core CPD activity (Yes/No) | : |   |
| (If yes, please specify the area) |  |   |
| CPD points awarded | : |   |
| No. of attendants | : |   |
| No. of questionnaires collected | : |   |

1. Summary of ratings from participants ***( in % )***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Excellent*** | ***Very Good*** | ***Satisfactory*** | ***Unsatisfactory*** | ***Poor*** |
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1. ***Educational objectives being achieved***
2. ***Knowledge imparted***
3. ***Practicability and of good reference***
4. ***Content coverage***
5. ***Pace (Too fast/Too slow)***
6. ***Training approach and method***
7. ***Teaching and presentation skill***
8. ***Suitability of venue***
9. ***Duration of activity (Too long/Too short)***
10. ***Overall rating***
11. ***Suggestions/comments from participants :***
12. ***Evaluation of the activity by the CPD Programme Provider :***

|  |
| --- |
|  |
| Signature:  |
| Name of person in-charge:  |
| Name of organisation:  |
| Date: *(Rev. December 2022)* |