

# ACTIVITY EVALUATION FORM

**Provider:** Smartsettle Division of ICAN Systems Inc.  
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Please print, complete with clear printing, sign this form and fax to Smartsettle.

**Title of Activity:** [Smartsettle Facilitator Training Level \(s\) \(I - V\)](#)

**Participation beginning date:** \_\_\_\_\_

**Participation completion date:** \_\_\_\_\_

**Name of Participant (optional):** \_\_\_\_\_

On a scale of 1-5 (5 being the highest, best or most and 1 being the least, lowest or worst) rate by circling the number reflecting your opinion.

To what extent were your personal objectives satisfied?

5 4 3 2 1 Comments: \_\_\_\_\_

To what extent did the environment contribute to the learning experience?

5 4 3 2 1 Comments: \_\_\_\_\_

To what extent did the written materials contribute to the learning experience?

5 4 3 2 1 Comments: \_\_\_\_\_

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: \_\_\_\_\_

To what extent did the activity contain significant current intellectual or practical content?

5 4 3 2 1 Comments: \_\_\_\_\_

Please rate the instructors on the same scale described above and add any comments in the space provided.

Instructor's Name	What she/he taught	Overall Teaching Effectiveness	Effectiveness of Teaching Methods	Significant Current Intellectual of Practical Content
		5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
		5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
		5 4 3 2 1	5 4 3 2 1	5 4 3 2 1