Thank you for agreeing to review this e-learning program. Your feedback will be used by the Program Director and Continuing Professional Development to ensure that the program meets U of T accreditation requirements. Once you have completed this questionnaire, please return it to the Program Director.

**AFTER COMPLETING THE ONLINE PROGRAM OR MODULES, PLEASE PROVIDE YOUR FEEDBACK:**

*Please use a separate page if you wish to expand on any of the following questions.*

# TITLE OF PROGRAM:

# MONTH AND YEAR OF REVIEW

1. Does the program meet the stated learning objectives?

 Yes No

## Comments:

1. Did you perceive any degree of bias in any part of the program?

 Yes No

## Comments:

1. Was the material relevant to your practice? Yes No

## Comments:

1. Was the material clearly presented? Yes No

## Comments:

1. Will program participants spend a minimum 25% in interactive learning? (Interactive learning may include activities such as quizzes, multiple choice questions, drag and drop exercises, reflection questions, and/or facilitated discussion)

 Yes No

## Comments:

1. Was there a method to receive feedback on your learning? Yes No

## Comments:

1. Was the program evidence-informed with adequate and up-to-date references included? Yes No

## Comments:

**Please list name of module, number of hours, and minutes spent completing each on a separate page:**

If more than 10 modules, please use the space provided or a separate page.

**Module** (Title) in hours and minutes. **Module** (Title) in hours and minutes. **Module** (Title) in hours and minutes. **Module** (Title) in hours and minutes. **Module** (Title) in hours and minutes. **Module** (Title) in hours and minutes. **Module** (Title) in hours and minutes. **Module** (Title) in hours and minutes. **Module** (Title) in hours and minutes. **Module** (Title) in hours and minutes. **Total time spent for all modules that you have reviewed:** in hours and minutes.

# Other comments: You may use a separate page if extra space is needed.

Name of Reviewer: Specialty:
Email:

Signature: Date:

## Please return this form to the Program Director.