



Course Evaluation Form

Course Title: Helping Your Patients Manage Cancer-Related Sexual Dysfunction

Instructors name: Alexandra Hill, PT, DPT

Location: Online/Virtual

Name: _____

Today's Date/Class End Date: _____

I confirm I have read and agree to the OncoPelvic PT, LLC [Terms and Conditions](#): Yes

	Poor 1	Fair 2	Good 3	Very Good 4	Excellent 5
The instructor's effectiveness in teaching the course					
The instructor was knowledgeable about the subject area					
The instructor was easy to understand					
Class content was consistent with class description					
Evidence was presented to support content					
Enough time was allotted for each section					
To what extent did the program meet the stated objectives?					
Overall Class Rating					

Was the material at or above entry level knowledge for PTs and PTAs

Yes

No

Were the learning objectives met?

Yes

No

Was the virtual learning structure of the course conducive to learning?

Yes

No

What would you like to hear more about in the future?

What would you like to hear less about in the future?

If you answered Good (3) or below for any question, please tell us how we can improve

**Would you like to provide a testimonial and share your experiences about this course?
Your testimonial will include your first name, last initial, unless you notate that you want to remain anonymous.**

**By choosing "Yes" you agree to grant OncoPelvic PT, LLC the use of your testimonial and name, if provided, for printed and digital media course promotions. You acknowledge that since your participation with providing a testimony is voluntary, you will receive no financial compensation.*

Yes No
