

**Academy of General Dentistry**

**Speaker Database**

**Constituent Speaker Evaluation Listing Service**

* **Do you find it difficult to discover new, quality speakers for your CE courses?**
* **Do you worry about whether your courses will be successful?**
* **Would you like access to a speaker database to make choosing your next speaker easier?**

**Try using the AGD Speaker Database!**

 **What is the Speaker Database?**

The Speaker Database provides a listing of speakers, including contact information and evaluation scores, which the AGD and its constituents have used to present continuing education (CE) courses. We need *your* constituent’s help in building this database. The more constituents that participate, the more useful the Speaker Database will be.

**How does the Speaker Database work?**

1. Have your attendees complete the standard [AGD Course Evaluation Form](#_AGD_Course_Evaluation) at the conclusion of each course.

*The standard AGD Course Evaluation Form provides an objective way to evaluate speakers. The database only will list evaluation scores obtained from the standardized form.*

1. Collect the completed evaluation forms and compile the responses, calculate the averages and enter these on the [AGD Course Summary Form](#_AGD_Course_Summary).
2. Email **only** the AGD Course Summary Form to *courses@agd.org*, andthe education staff at AGD Headquarters will enter it, so it can be accessed by any database user.
3. You can access the database by visiting the [Speaker Information Page](https://www.agd.org/2/education/speakerprograms/) on the AGD website. You can search for speakers by speaker name, location, or subject code.

***Questions?*** *Please contact AGD’s Education Coordinator*

*Phone: 888.243.3368 / Email:* *courses@agd.org*

**Thank you for supporting the AGD!**

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# AGD Course Evaluation Form

The AGD appreciates your feedback. Please take a few minutes to evaluate this course and presenter.

Thank you.

**Course Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Presenter:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Location:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Course Type** *(circle one)***:** Lecture Participation MasterTrack

***Please check one of the following:***

\_\_\_ **AGD Dentist** (*Are you an AGD Fellow? \_ Are you an AGD Master? \_\_*) \_\_\_ **Non-AGD Dentist**

\_\_\_ **Dental Team**  \_\_\_ **Office Staff**  \_\_\_ **Scout** \_\_\_ **Other**

**PLEASE CIRCLE YOUR RESPONSE TO EACH OF THE FOLLOWING:**

 **Strongly Strongly**

 **Disagree Agree**

1. Meeting site was adequate in size, comfortable, and convenient. 1 2 3 4 5

2. Course administration was efficient and friendly. 1 2 3 4 5

3. Course objectives were consistent with the course as advertised. 1 2 3 4 5

4. Course material was current, organized, and presented in sufficient depth. 1 2 3 4 5

5. Instructor demonstrated a comprehensive knowledge of the subject. 1 2 3 4 5

6. Instructor appeared to be interested and enthusiastic about the subject. 1 2 3 4 5

7. Instructor spoke clearly and distinctly. 1 2 3 4 5

8. Instructor encouraged questions and participation. 1 2 3 4 5

9. Audio-visual materials used were relevant and of high quality. 1 2 3 4 5

10. Handout materials enhanced course content. 1 2 3 4 5

11. Overall, I would rate this course: 1 2 3 4 5

12. Overall, I would rate this instructor: 1 2 3 4 5

**Comments (Positive or Negative): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Other topics and/or speakers that would interest you:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Please submit this form to your constituent’s CE Chairperson or other appointed individual following completion of this course. Thank you!***

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# AGD Course Summary Form

*CE Chair: Please tally the evaluation scores and place the averages on this sheet.
Submit only this form to the AGD.*

**Course Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **AGD Subject Code:** \_\_\_\_\_\_\_\_\_\_

**Presenter:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Location:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Program Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Corporate Sponsors: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Course Type** *(circle)***:** Lecture Participation MasterTrack

**\*Speaker Contact Information** *(Mandatory)***:**

 **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Email Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **City/State/Zip:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ **AGD Dentist** (*Fellows \_\_\_ Masters \_\_\_*) \_\_\_ **Non-AGD Dentist**

\_\_\_ **Dental Team**  \_\_\_ **Office Staff** \_\_\_ **Scout** \_\_\_ **Other**

**Total Course Attendees: \_\_\_\_\_\_ Number of Survey Respondents: \_\_\_\_\_\_**

**PLEASE INDICATE THE *AVERAGE* SCORE FOR EACH OF THE FOLLOWING:**  **Average Score**

1. Meeting site was adequate in size, comfortable, and convenient. \_\_\_\_\_\_\_

2. Course administration was efficient and friendly. \_\_\_\_\_\_\_

3. Course objectives were consistent with the course as advertised. \_\_\_\_\_\_\_

4. Course material was up-to-date, well organized,
and presented in sufficient depth. \_\_\_\_\_\_\_

5. Instructor demonstrated a comprehensive knowledge of the subject. \_\_\_\_\_\_\_

6. Instructor appeared to be interested and enthusiastic about the subject. \_\_\_\_\_\_\_

7. Instructor spoke clearly and distinctly. \_\_\_\_\_\_\_

8. Instructor encouraged questions and participation. \_\_\_\_\_\_\_

9. Audio-visual materials used were relevant and of high quality. \_\_\_\_\_\_\_

10. Handout materials enhanced course content. \_\_\_\_\_\_\_

**11. Overall, I would rate this course: \_\_\_\_\_\_\_**

**12. Overall, I would rate this instructor: \_\_\_\_\_\_\_**

**Comments (Positive or Negative): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Other topics and/or speakers of interest:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please return only the Summary Form to AGD’s Education Coordinator**

**E-mail:** **courses@agd.org** **/ Phone: 888.243.3368**