مستشفى الوكرة
Al Wakra Hospital
عضو في مؤسسة حمد الطبية
A Member of Hamad Medical Corporation

Attendance Sheet Record

Antenatal Classes Program

Topic:

Date:

No.	Name	HC Number	Mobile	Signature

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Patient's Feedback Form

Class Title:

Date:

	Yes	No
Class Topic		
Class topic was interesting.		
It was new topic for me.		
Class meets my needs.		
The examples used was simple and realistic.		
Presenter		
Attracting the attendance attention during class time.		
Presented the topic clearly and logical sequence.		
Time		
Time is suitable for me		
Place		
The place is suitable for me		
The place fits the Number of attendance		
General		
In general, how would you rate the class? (circle one of the options provided)	1. Not useful – Bad	
	2. Average – Fair	
	3. Good	

Please, list here your suggestions and recommendations:

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Professional Peer Review Tool

Name of the Presenter: _____

Date: _____

Title of Activity: _____

Topic: _____

Purpose of Peer Review: Feedback Request

Format of Activity: Workshop Group Forum

1. What went well? (e.g. Session planning / facilitation/ links to practice /learner engagement and involvement / use of technology or video or other teaching materials / creativity and innovation).

2. Voice projection:

3. Time keeping:

4. Teaching materials and innovation:

5. Comments:

6. Recommendations (suggestions for action to enhance or improve future sessions):

Name of evaluator: _____ Corp. No.: _____

Position Title: _____ Date: _____/_____/_____