**Evaluation Form**

**Continuing Education Providers must provide a means for evaluating program content to students. Your participation is required to receive CE credits.**

CE Provider Name: **Ohio State Society of Enrolled Agents**

IRS Issued Provider Number: **7WJAF**

Program Name: **The Ethical Tax Professional: Case Studies**

Moderator: **Donald Jump, EA**

IRS Issued Program Number: **7WJAF-E-00261-21-O**

Date Program was Delivered: October 21, 2021 This is a Virtual Meeting

Name: PTIN: \_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions:** Please comment on all the following evaluation points for this program and assign a number grade, using 1-5 scale, with 5 being the highest.

1. Were stated learning objectives met?

1. Were the program materials accurate, relevant

and did they contribute to the achievement of the

learning objectives?

1. Was the time allotted to learning adequate?

1. Were the facilities/equipment appropriate?

1. Were the handout materials satisfactory?

1. If applicable, were the audio and video materials effective?

1. If applicable, were individual instructors

knowledgeable and effective?

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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