**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: **Sale of a Personal Residence**

Moderator: **Robert Sharp, EA, CPA**

IRS Issued Program Number: **7WJAF-T-00267-22-O**

Program Name: **Entities, the Basis of Tax Strategy**

Moderator: **Laurence Simpson, EA**

IRS Issued Program Number: **7WJAF-T-00268-22-O**

Date Program was Delivered: **June 16, 2022**

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

1. Were stated learning objectives met? **1 2 3 4 5**

1. Were the program materials accurate, relevant **1 2 3 4 5**

and did they contribute to the achievement of the

learning objectives?

1. Was the time allotted to learning adequate? **1 2 3 4 5**

1. Were the facilities/equipment appropriate?  **1 2 3 4 5**

1. Were the handout materials satisfactory? **1 2 3 4 5**

1. If applicable, were the audio and video materials **1 2 3 4 5**

effective?

1. If applicable, were individual instructors **1 2 3 4 5**

knowledgeable and effective?

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

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Please provide your name and contact information.

Name:

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

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_