



**Healthcare Education Commission Exemplary Practice  
Evaluation Form**

Nominee: \_\_\_\_\_

Project Name: \_\_\_\_\_

College: \_\_\_\_\_

| <b>Innovation</b>   | <b>Possible</b> | <b>Score</b> |
|---|-----------------|--------------|
| Is this a new approach to an existing or new problem/concern?                                 | 5               |              |
| What need does this program meet that was not being met?                                      | 5               |              |
| Are the objectives measurable?  | 5               |              |
| <b>Impact</b>   |                 |              |
| Does the program involve Healthcare Education?  | 5               |              |
| Does the program include interdisciplinary collaboration?                                     | 5               |              |
| Was there additional institutional involvement in the development/maintenance of the program? | 5               |              |
| Were student outcomes impacted?   | 5               |              |
| <b>Evaluation</b>   |                 |              |
| Have evaluations occurred?  | 5               |              |
| How were evaluations completed?   | 5               |              |
| What were the results?  | 5               |              |
| Has the program been changed, revised or improved as a result of evaluations?                 | 5               |              |
| <b>Presentation</b>   | 5               |              |
| How organized was the presentation?   | 5               |              |
| Was there effective use of visual aids to reinforce key program ideas?                        | 5               |              |
| Was the audience engaged in a professional manner?  | 5               |              |
| Was the presentation completed within the 20 minute time limit?                               | 5               |              |
| <b>Total</b>  | <b>80</b>       |              |

Signature of Evaluator \_\_\_\_\_

Date Completed \_\_\_\_\_