

## **TUTORIAL APPRAISAL FORM**

**Trainer:**

**Registrar:**

**Date:**

**Topic:**

**Did you enjoy the tutorial?**

**Yes/No**

**Did you find the topic appropriate to General Practice?**

**Yes/No**

**Did the topic address your educational need (DENS)?**

**Was the topic adequately covered?**

**Was the teaching style appropriate?  
(lecture/discussion/case analysis/presentation/group discussion)**

**Were you able to ask all you wished to?**

**Are there any other areas you wish to cover as a result of the tutorial?**

**How would you like to cover these?**