



IEEE Continuing Education Course Evaluation

Course Title: IEEE PES Switchgear Committee - Conference – Various Group Meetings
↑Spring /Fall - Year↑

Instructor: Various – See Meeting Schedule ([Switchgear/Next Meeting webpage](#))

Please indicate the extent to which you disagree or agree with the following statements (overall Conference):

	Strongly Disagree 1	Dis- Agree 2	Ok 3	Agree 4	Strongly Agree 5
A. The course material was organized clearly and logically.					
B. The objectives of the course were satisfied.					
C. The technical content was appropriate.					
D. My knowledge on the topic increased to a level that made attendance worthwhile.					
E. The instructor's speaking voice was clear and easy to understand.					
F. The instructor clearly explained difficult concepts.					
G. The length of the course was about right.					

Please list two major topics from this course:

What one topic from this course did you find most helpful to your job and why?

Briefly summarize what this course was about in one or two sentences.

What was the primary reason that you took this training? Please select one:

- Job requirement
- Need CEU/PDH credit to renew PE license
- Advance self-learning
- If Other, provide details:

Do we have permission to use your comments in course marketing materials? **Yes/No**

Please complete the following information to ensure your receipt of the Professional Development Hours (PDHs):

Name (as you would like it to appear on PDH Certificate): _____

E-Mail: _____

PLEASE RETURN THIS FORM TO SWITCHGEAR ERP switchgear-erp@ieee.org
NO LATER THAN TWO (2) WEEKS AFTER CONFERENCE
TO BE FORWARDED TO IEEE EDUCATIONAL ACTIVITIES STAFF



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PDH Attendance Form: Required for Receiving PDH Credits

Instructions:

- Complete this attendance form in addition to the IEEE Continuing Education Course Evaluation Form.
- Turn both forms in at the registration desk before you leave the meeting, OR email a signed PDF version OR a scanned copy to switchgear-erp@ieee.org **no later than two (2) weeks** after the Conference.

I certify that I have attended the following sessions as indicated below:

			Attended (Y/N)	Session Name
Monday	8:00 am to 9:45 am	1.75 PDH		
Monday	10:15 am to 12:00 pm	1.75 PDH		
Monday	1:30 pm to 3:15 pm	1.75 PDH		
Monday	3:45 pm to 5:30 pm	1.75 PDH		
Tuesday	8:00 am to 9:45 am	1.75 PDH		
Tuesday	10:15 am to 12:00 pm	1.75 PDH		
Tuesday	2:00 pm to 3:45 pm	1.75 PDH		
Tuesday	4:15 pm to 6:00 pm	1.75 PDH		
Tuesday	6:00 pm to 8:00 pm	2.00 PDH		
Wednesday	8:00 am to 8:45 am	0.75 PDH		
Wednesday	9:00 am to 9:45 am	0.75 PDH		
Wednesday	10:15 am to 11:45 am	1.50 PDH		Microgrid Panel
Wednesday	1:30 pm to 3:15 pm	1.75 PDH		
Wednesday	3:45 pm to 5:30 pm	1.75 PDH		
Thursday	8:00 am to 9:45 am	1.75 PDH		
Thursday	10:15 am to 12:00 pm	1.75 PDH		
Thursday	1:30 pm to 3:15 pm	1.75 PDH		ADSCOM
Thursday	3:45 pm to 5:30 pm	1.75 PDH		Main Committee Meeting
TOTAL PDH:				

Printed Name: _____

Signature: _____ Date: _____

Email: _____

Phone Number: _____.

Important: Late submissions will not be accepted.

It is up to the attendees to keep records of the sessions attended. Meeting minutes of sessions are a great way to document attendance.