

The Midwest CPE Program  
Program Evaluation  
Six Months or One Year after Completion of CPE

As an ACPE center we are committed to on-going self-study, development and excellence. Your evaluation of our program is vital part to this process. We invite you to provide the information below and comments.

Date Your Program Ended: \_\_\_\_\_

Date You Completed This Form: \_\_\_\_\_

Requested Information

**Name (optional):** \_\_\_\_\_ **Faith Group:** \_\_\_\_\_

**CPE Context:** \_\_\_ RMC \_\_\_ MMC \_\_\_ OPRMC \_\_\_ Other: \_\_\_\_\_

**Current position of employment:** \_\_\_\_\_

**Authorization:** Licensed \_\_\_ Ordained \_\_\_ Lay \_\_\_ Rel Order \_\_\_ Other \_\_\_\_\_

**Optional:** Gender: M \_\_\_ F \_\_\_ Racial-Ethnic Identity \_\_\_ Age by Decade \_\_\_ Culture \_\_\_\_\_

**Rate your investment in CPE during training:** Full \_\_\_ Moderate \_\_\_ Limited \_\_\_

**Type Program:** Internship: Summer \_\_\_ Year \_\_\_ Half-Year; Residency: \_\_\_ Y1 \_\_\_ Y2; Supervisory CPE \_\_\_

**Your Training Supervisor(s):** \_\_\_\_\_

**This evaluation occurs:** Six (6) Months After you Trained \_\_\_ or One (1) Year after you Trained \_\_\_

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**Accredited ACPE programs CPE and Supervisory CPE are each designed in sync with Goals, Objectives and Outcomes in ACPE Standards. To guarantee the quality of our program, we ask for your comments in the following areas:**

1. What were Limitations of your CPE program?
  
  
  
  
  
  
  
  
  
  
2. What were Strengths of your CPE Program?
  
  
  
  
  
  
  
  
  
  
3. What specific Recommendations do you have for program improvement?

Enter other comments here and, if needed, on the back of this page: