

Name of Presenter(s): _____

Date: _____ Event: _____

Evaluation Form

Please rate each category on a scale of 1-5 (5 is high). Additional comments may be written on back	Low 1	2	3	4	High 5
1. Did the content meet the stated objectives?					
2. Was the speaker knowledgeable about the subject matter?					
3. Was the speaker's presentation style effective?					
4. Was the speaker's use of visual aids helpful in understanding the material and focusing attention on specific points?					
5. Will the information presented be useful to you?					

What Worked?

What Didn't Work?

Additional Comments:

Do you have suggestions for additional topics, workshops, presentations, etc.?
