EVALUATION FORM

Date: _____

Title of Presentation: _____

Please evaluate the program according to the following rating scale by circling the number that applies:

1. Unsatisfactory
2. Satisfactory
3. Good
4. Excellent

1. Were overall objectives met? Yes No
If no please explain: _____
_____

2. To what extent did the material presented meet your expectations? 1 2 3 4
Comments_____
_____

3. Appropriateness of presentation methods used (audiovisual, handouts, discussion sessions). 1 2 3 4
Comments_____
_____

4. Amount of material appropriate for time allowed. 1 2 3 4
Comments_____
_____

5. Program was well organized and logically sequenced. 1 2 3 4
Comments_____
_____

EVALUATION OF EACH SPEAKER

Evaluate _____in terms of the following:
(Name of Speaker)

a) Objectives of the program met **1 2 3 4**
b) Clarity of presentation **1 2 3 4**
c) Knowledge **1 2 3 4**

Evaluate _____in terms of the following:
(Name of Speaker)

a) Objectives of the program met **1 2 3 4**
d) Clarity of presentation **1 2 3 4**
e) Knowledge **1 2 3 4**

Additional comments or suggestions for future programs:
_____
_____
_____
_____
_____