

PRESENTATION EVALUATION FORM

Please complete the following evaluation. Your feedback is valuable to us:

Speaker's Name: _____

Title of Presentation: _____

Company/Group: _____

Date: _____

Location: _____

Evaluator's Name (optional): _____

Mark ONE for each:

#	Evaluation	Strongly Agree	Agree	Disagree	Strongly Disagree
1	The presentation was clear and to the point				
2	The presenter was knowledgeable				
3	The AV was relevant and contributed to my learning				
4	The handouts were relevant and contributed to my learning				
5	The session content was relevant to my work				
6	The presentation met objectives				
7	I would recommend this presentation & speaker to others				

Comments:

Which part(s) of the presentation was most valuable to you? Why?

Which part(s) of the program was least valuable to you? Why?

Overall comments / suggestions about the presentation
