

Evaluation Form  
Date

Program Title: \_\_\_\_\_

Please take a moment to rate the following items using the scale provided.

<b>SCALE:</b> 1=Strongly Disagree    2=Disagree    3=Neutral    4=Agree    5=Strongly Agree
---

1. PRESENTER(S): \_\_\_\_\_

- a. Well Prepared/Organized \_\_\_\_\_
- b. Concepts Clearly Explained \_\_\_\_\_
- c. Responsive to Questions \_\_\_\_\_
- d. Skillful in Presenting \_\_\_\_\_
- e. Considerate & Professional \_\_\_\_\_

2. CONTENT/FORMAT/LEARNING:

- a. Program description was accurate \_\_\_\_\_
- b. New skills or knowledge acquired \_\_\_\_\_
- c. Content seemed current \_\_\_\_\_
- d. Material/Concept well organized \_\_\_\_\_
- e. Content level appropriate to audience \_\_\_\_\_
- f. Slides/Video/Audio clear and helpful \_\_\_\_\_
- g. Handouts current and useful \_\_\_\_\_

4. OVERALL RATING:

- a. Program met or exceeded expectations \_\_\_\_\_
- b. Facility/Room was comfortable \_\_\_\_\_
- c. Program was well administered \_\_\_\_\_

3. THE FOLLOWING LEARNING OBJECTIVES WERE ACHIEVED:

- Insert learning objective here \_\_\_\_\_
- Insert learning objective here \_\_\_\_\_
- Insert learning objective here \_\_\_\_\_
- Insert learning objective here \_\_\_\_\_
- Insert learning objective here \_\_\_\_\_

COMMENTS/SUGGESTIONS: \_\_\_\_\_

---

---

Please Use The Back Of This Form For Additional Comments or Suggestions...