

EVALUATION FORM

Speaker: Dr. _____ Title: _____

Location: _____

Summary of objectives for presentation:

1. Please rate each of the following:

LECTURE/SEMINAR MATERIALS		1	2	3	4	5	6	7	
Handouts (at presentation)	Poor								Excellent
Presented Materials (transparencies, etc.)	Poor								Excellent
General Quality	Poor								Excellent

INFORMATION/CONTENT		1	2	3	4	5	6	7	
Amount	Poor								Excellent
Timeliness	Poor								Excellent
Practical Value (anticipated impact on practice)	None								Significant
How well were educational objectives fulfilled?	Not								Very well

PRESENTATION		1	2	3	4	5	6	7	
Pace	Poor								Excellent
Organization	Poor								Excellent
General Quality	Poor								Excellent

OVERALL SATISFACTION		1	2	3	4	5	6	7	
	Disappointed								Fully Satisfied

2. COMMENTS, CRITICISMS, SUGGESTIONS (Cite any specific reason(s) for dissatisfaction and provide suggestions for improvements):

3. Did you perceive an industry bias in this presentation? Yes No

DATE: _____ NAME (OPTIONAL): _____