

Speaker Evaluation Form

Workshop Name:		
Speaker Name:		
Date of Presentation://		

	ction I. Event Ratings help improve the quality of future presentations, please complete t	nis eva	alua	tion f	orm	<u> </u>	
	ey: 5 = Excellent, 4 = Very Good, 3 = Good, 2 = Fair, 1 = Poor. N/A = Not Applicable (No						hoice.
1.	Overall evaluation of this presentation:	5	4	3	2	1	N/A
2.	Did this presentation meet your expectations? If it didn't, please let us know:	5	4	3	2	1	N/A
3.	Level of usefulness of this presentation to you?	5	4	3	2	1	N/A
4.	Would you recommend this presentation to others?	5	4	3	2	1	N/A
5.	Speaker's knowledge about the topic for this presentation:	5	4	3	2	1	N/A
6.	Speaker's presentation skills:	5	4	3	2	1	N/A
7.	Speaker explained things clearly in this presentation:	5	4	3	2	1	N/A
8.	Quality of the slides/ PowerPoint for this presentation:	5	4	3	2	1	N/A
9.	Quality of the live demo(s) for this presentation:	5	4	3	2	1	N/A
10.	Quality of the handouts for this presentation:	5	4	3	2	1	N/A

Section II. Additional Information					
1.	Topics presented that you found most useful:				
2.	Topics you think should have been added in this presentation:				
3.	Topics you think should have been eliminated in this presentation:				
4.	Other suggestions that could have improved this presentation:				