

# Evaluation

Name \_\_\_\_\_ Date \_\_\_\_\_

Organization \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Event \_\_\_\_\_

Please give us your feedback

Please rate your presenter:            low 1 2 3 4 5 6 7 8 9 10 high

What could be improved?

Punctuality            1 2 3 4 5 6 7 8 9 10

\_\_\_\_\_

Appearance            1 2 3 4 5 6 7 8 9 10

\_\_\_\_\_

Attitude            1 2 3 4 5 6 7 8 9 10

\_\_\_\_\_

Knowledgeable            1 2 3 4 5 6 7 8 9 10

\_\_\_\_\_

Articulate            1 2 3 4 5 6 7 8 9 10

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Please rate the presentation:

What could be improved?

Entertaining            1 2 3 4 5 6 7 8 9 10

\_\_\_\_\_

Relevant/Timely            1 2 3 4 5 6 7 8 9 10

\_\_\_\_\_

Accurate/Factual            1 2 3 4 5 6 7 8 9 10

\_\_\_\_\_

Logical/Reasonable            1 2 3 4 5 6 7 8 9 10

\_\_\_\_\_

Appropriate Humor            1 2 3 4 5 6 7 8 9 10

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Audio/Visual            1 2 3 4 5 6 7 8 9 10

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Please comment on your overall experience: \_\_\_\_\_

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