

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

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

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

Please comment on your overall experience: _____

