



PROGRAM EVALUATION

Please complete this form and return it to lecture coordinator at the conclusion of the program.

Program Name:

Date:

Instructor:

1. Name: _____

2. Email: _____

3. Firm Name: _____

4. Address/Phone #: _____

5. Did the program present the information you wanted? _____ Mostly _____ Partly _____ Not At All

6. What is your overall evaluation of today's program?

Program content: _____ Excellent _____ Good _____ Fair _____ Poor

Overall instruction: _____ Excellent _____ Good _____ Fair _____ Poor

Written materials: _____ Excellent _____ Good _____ Fair _____ Poor

Facility: _____ Excellent _____ Good _____ Fair _____ Poor

7. Please rate the speakers on their instruction (including the content of their presentation and their ability to present subject): Excellent (E), Good (G), Fair (F), and Poor (P)

8. Please give us your suggestions for new programs or topics that you would like to see offered:

Thanks for joining us!