Network Speaker Evaluation Form

Program Title: ________________________________________________________________

Speaker: ________________________________________________________________

Date: ___________________________________________________________________

To evaluate the effectiveness and quality of this program please supply the following information.
Use a rating scale of 1 to 3: where 1 = disagree; 2 = neutral; and 3 = agree. For items that cannot be rated, indicate N/A.

1. The program objectives were met. ______

2. The content adequately covered the learning objectives. ______

3. The teaching method was appropriate. ______

4. The program materials were appropriate ______

5. The course content was presented in a clear
   and organized manner ______

6. Concepts presented will be incorporated into my practice ______

7. The environment was conducive to learning ______

8. Major strengths and/or weaknesses of this program?
   _______________________________________________________________________
   _______________________________________________________________________

9. Suggestions to improve this program?
   _______________________________________________________________________
   _______________________________________________________________________

10. Please rate the presenter using the above scale of 1 to 3: _______________________

11. Comments regarding speaker(s):
   _______________________________________________________________________
   _______________________________________________________________________

Signature of Participant: ______________________________________________________ (optional)