

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)