



## District Meeting Continuing Education EVALUATION FORM

Please Print

Name of Program: \_\_\_\_\_

Name of Speaker: \_\_\_\_\_

Date of Program: \_\_\_\_\_

District in Which Program Was Presented: \_\_\_\_\_

Start and Stop Time of C.E. Program: \_\_\_\_\_

Please grade on a scale of 1-5, 1 being low, 5 being high

1. To what degree did this program meet your expectations?

1                      2                      3                      4                      5

2. To what degree would you recommend this speaker to others?

1                      2                      3                      4                      5

3. To what degree was the amount of material covered appropriate to the time allotted?

1                      2                      3                      4                      5

4. To what degree did the speaker keep your interest?

1                      2                      3                      4                      5

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. What other topics would you like to have presented at the ICS District Meetings?

\_\_\_\_\_

6. What other speakers would you like to hear at the ICS District Meetings?

\_\_\_\_\_

Additional Comments: