



NYSIR 2020 Virtual Symposium

Symposium Evaluation Form

Seminar Name: NYSIR 2020 Virtual Symposium	Date: 4 August 2020
Presenter(s): Scarlett Lewis	Location: Zoom

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
A. Program Evaluation Criteria					
1. The stated agenda and objectives were met.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The pace and level of the program was appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Program materials were organized and understandable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I left with practical ideas that I plan on implementing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Program content met your expectations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Instructors were well prepared.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The seminar facility was conducive to learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Program prepared you to meet issues you face in the topic covered.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The objectives (if met) will impact your work performance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Handouts were informative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<u>Program Strengths/Improvements:</u> 	<u>Future Topics:</u> 			
<u>Comments:</u> 				
<u>Name:</u> (optional)				
<u>Overall Rating:</u>				
Excellent <input type="checkbox"/>	Very Good <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>

PLEASE EMAIL COMPLETED EVALUATION TO:

bcarruthers@wrightinsurance.com