Please fill out the form below evaluating your speaker experience.

Your Name __________________________ Teacher’s Name __________________________

School ___________________________ Grade _________________________________

Purpose of Request: Constitution Day_____ Law Day_____ Other__________

Date of Presentation: ______________________________________________________

1. Did you know the teacher’s objectives? Yes ____ No ____

2. Do you believe the objectives were achieved? Yes ____ No ____

3. Did you feel adequately prepared to meet the objectives? Yes ____ No ____
   If not, explain: _______________________________________________________
   ____________________________________________________________________

4. What additional materials do you feel would have helped you to be better prepared?
   ____________________________________________________________________

5. Do you feel the objectives were appropriate for the grade level you addressed?
   Yes ____ No ____ If not, explain _________________________________________
   ____________________________________________________________________

6. How long did you speak? _______ Was this an appropriate length of time? _________
   Too long? _____________ Too short? _____________

7. What are your suggestions for improving this program?
   ____________________________________________________________________

PLEASE RETURN THIS FORM BY MAIL, FAX OR EMAIL TO:

Law in Education Committee

c/o The Wichita Bar Association

225 N. Market, Suite 200

Wichita, Kansas 67202-2023

Fax: (316) 263-0629

rburnside@wichitabar.org

Your comments and suggestions are greatly appreciated.