Session Evaluation

Session Title: ________________________________________________________________
Faculty Name(s): ____________________________________________________________

Date and Time: ______________________________________________________________

• Please use pencil or blue/black ink.
• Fill response ovals completely - do not use ✔’s or ✗’s to mark choices.

Using a scale from 1 to 5 where 5 is “Strongly Agree” and 1 is “Strongly Disagree, please evaluate the faculty/session in the following areas:

The session content was consistent with description in the agenda.  
The session information will help me be more effective in my position.  
I can use the information I learned right away.

Overall, the speakers for this session were knowledgeable.  
Overall, the speakers for this session were engaging.

The session met or exceeded my expectation.  
The topics covered were relevant, interesting and timely.
The session was interactive with significant audience participation.
The handouts and materials were useful.
Audio-visual aids were used effectively.

What in particular about this session would you like us to know about and why?
____________________________________________________________________________

What are your overall impressions about the faculty at this particular session?
____________________________________________________________________________

Approximately how many participants attended this session?

☐ 0-10  ☐ 11-25  ☐ 26-40  ☐ 41-60  ☐ 61-75  ☐ 76 or more

Would you recommend this session for next year’s conference agenda?  ☐ Yes  ☐ No

Would you recommend this particular faculty for next year’s conference?  ☐ Yes  ☐ No

Why or why not? _______________________________________________________________

Thank you!

Your Logo Here

SAMPLE