Session Evaluation

Your opinions are important to us. We would like your feedback regarding this session. Please take a few minutes to let us know what you think.

INSTRUCTIONS

- Use pencil or blue or black ink pen.
- Make solid, dark marks – do not use ✔s or ✗s to indicate responses.

SESSION IDENTIFICATION

Session Name:_____

Session Date:_____   **Session Time:**_____

SESSION#

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Write Session# in boxes, then fill in the appropriate circle beneath each box.

Please rate this session by filling in the one oval that most accurately reflects your opinion.

	Excellent	Above Average	Average	Below Average	Poor
1. To what degree did you learn new information?	○	○	○	○	○
2. How useful is this information in your job?	○	○	○	○	○
3. Was the agenda abstract/objectives accurate to the session presentation?	○	○	○	○	○
4. How would you rate the materials/slides presented in this session?	○	○	○	○	○
5. How would you rate the presentation skills and knowledge level of this presenter?	○	○	○	○	○
6. Overall, how would you rate this session?	○	○	○	○	○

7. It is our goal to offer educational content that is predominantly applications/results based and free of promotion. Was this presentation unbiased?   ○ Yes   ○ No

Thank you for your feedback!

Comments:_____

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