

PLEASE RESPOND TO THE QUESTIONS BY CHECKING THE NUMBER BEST DESCRIBING YOUR EVALUATION

RATE YOUR SATISFACTION WITH THE SPEAKER REGARDING:

DATE:

SPEAKERS NAME \_\_\_\_\_

	VERY SATISFIED	SATISFIED	SOMEWHAT SATISFIED	NOT SATISFIED	NOT APPLICABLE
	4	3	2	1	NA
1. ORGANIZATION					
2. KNOWLEDGE OF MATERIAL PRESENTED					
3. APPROPRIATENESS OF TEACHING METHOD					
4. OPPORTUNITY ALLOWED FOR QUESTIONS / DISCUSSIONS					
5. PRACTICAL VALUE OF MATERIAL					
6. IMPROVEMENT IN YOUR UNDERSTANDING OF SUBJECT					
7. SPEAKING ABILITY					
8. AUDIOVISUALS (SLIDES, TRANSPARENCIES, EQUIPMENT)					
9. HANDOUTS / EXERCISES					
10. CONTENT WAS RELEVANT TO STATED OBJECTIVES					

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

THE LEARNER'S OBJECTIVES WERE MET:

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	NOT APPLICABLE
	4	3	2	1	NA
1. _____					
2. _____					
3. _____					
4. _____					

COMMENTS: \_\_\_\_\_

\_\_\_\_\_