

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

RATE YOUR SATISFACTION WITH THE SPEAKER REGARDING:

DATE:

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

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

VERY SATISFIED	SATISFIED	SOMEWHAT SATISFIED	NOT SATISFIED	NOT APPLICABLE
4	3	2	1	NA

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

\_\_\_\_\_

\_\_\_\_\_

THE LEARNER'S OBJECTIVES WERE MET:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

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

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

\_\_\_\_\_