

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

RATE YOUR SATISFACTION WITH THE PLS PROGRAM AND SPEAKER REGARDING: Stroke Overview PLS

DATE: \_\_\_\_\_

**SPEAKER EVALUATION**

| SPEAKERS NAME                                      | VERY<br>SATISFIED | SATISFIED | SOMEWHAT<br>SATISFIED | NOT<br>SATISFIED | NOT<br>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                                |                   |           |                       |                  |                   |
| 9. HANDOUTS / EXERCISES                            |                   |           |                       |                  |                   |
| 10. CONTENT WAS RELEVANT TO STATED OBJECTIVES      |                   |           |                       |                  |                   |

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

**PLS PROGRAM EVALUATION**

| TOPIC: <i>Stroke Overview</i>                                     | VERY<br>SATISFIED | SATISFIED | SOMEWHAT<br>SATISFIED | NOT<br>SATISFIED | NOT<br>APPLICABLE |
|---|-------------------|-----------|-----------------------|------------------|-------------------|
|   |                   |           |                       |                  |                   |
| 1. PROGRAM ORGANIZATION   |                   |           |                       |                  |                   |
| 2. LENGTH OF PROGRAM APPROPRIATE FOR TOPIC COVERED                |                   |           |                       |                  |                   |
| 3. THE POWERPOINT LAYOUT WAS PLEASING TO THE EYE                  |                   |           |                       |                  |                   |
| 4. THE IMAGES USED IN THE POWERPOINT INHANCED<br>THE PRESENTATION |                   |           |                       |                  |                   |
| 5. OVERALL QUALITY OF THE PROGRAM                                 |                   |           |                       |                  |                   |

WHAT CHANGES WOULD YOU LIKE MADE TO THIS PROGRAM: \_\_\_\_\_

WHAT TOPICS WOULD YOU LIKE ADDED FOR FUTURE PLS PRESENTATIONS? \_\_\_\_\_