

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	SATISFIED	SOMEWHAT	NOT	NOT
	SATISFIED		SATISFIED	SATISFIED	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: *Stroke Overview*

	VERY	SATISFIED	SOMEWHAT	NOT	NOT
	SATISFIED		SATISFIED	SATISFIED	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 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? \_\_\_\_\_