



NATIONAL HEAD START ASSOCIATION

Presenter Evaluation Form

Thank you for taking time to help us evaluate the NHSA Conference. Your comments will be used to help us plan future meetings.

Answer Selection: Correct = ● Incorrect = ✕ ☑ ⊖

Presenter Name (please print):

Session Code (please print):

Please select the response which best reflects your presenter status for this session:

- Lead Presenter
- Co-Presenter

Please select the response that best reflects your opinion about this event:

	Excellent	Good	Fair	Poor	N/A
Your overall experience working with NHSA as a presenter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amount of information provided to presenters before the conference	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequency of communication between conference staff and presenters prior to the conference	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Room set-up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NHSA Staff Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
AV Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Convention Facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conference Materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Did you receive enough information to prepare for your conference presentation?

- Yes
- No

Was your session well attended?

- Yes
- No

Did you state your learning outcomes at the start of the session?

- Yes
- No

Did you re-state your learning outcomes at the end of the session?

- Yes
- No

Please turn over and complete the other side.

Did you evaluate the attendees to determine if learning outcomes were achieved?

Yes

No

Please list anything you now wish you had known beforehand?

Is there any additional information that we could give in preparation that would be helpful?

Do you have any suggestions for improvement of the conference to benefit attendees?

Would you be willing to participate in the conference next year?

Yes

No

Please give suggestions for presenters we might ask to participate in next year's Conference, please include phone number if you have it:

Please list any topics in early childhood education which we should add to the conference:

Thank you for participating in this year's Conference and thank you for helping us evaluate our performance!

Please submit at the end of the conference or fax the completed survey to (703) 739-0878

Please turn over and complete the other side.