

**(Chapter Name- year- Event Program Evaluation
 (Session Title and Speaker Name)**

Overall Seminar Content

| | Strongly Agree | Agree | Disagree | Strongly Disagree |
|-------------------------------------------------------------------------------------------------------|---------------------------|--------------------------|--------------------------|------------------------------|
| 1. I received useful information relevant to my interests and needs from this seminar. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The seminar content matched the written description in the (Chapter) program and web site listing. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The seminar provided specific ideas that I can use in my job. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. If applicable, handouts effectively supported the presentation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Overall Speaker Quality

| | | | | |
|----------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 5. Audience involvement was encouraged. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. The length of the seminar was appropriate for the amount of material covered. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Delivered an effective and well-organized presentation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Showed enthusiasm about the subject matter. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Was knowledgeable about the subject matter. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Facilities (Location Name)

| | | | | |
|-----------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 10. The seminar facilities provided an environment conducive to learning (correct temperature, lighting, etc.). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. The number of people in the class was appropriate. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. The host hotel provided adequate amenities. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Topic Emphasis

13. Do you have any recommendations for future Seminar/CE topics which (Chapter) could provide at the program? _____

14. Would you be interested in speaking at an Chapter state/local seminar? **Yes** **No** **Maybe**

15. Should (Chapter) repeat the educational sessions over (number of days) (circle one)? Sunday/Tuesday Sunday/Monday Monday/Tuesday

Name: _____

Phone: _____

Address: _____

Fax: _____

_____ E-mail: _____

Please continue on the back of this form for additional comments