



Event Report Evaluation form

Speakers' Bureau Evaluation

(To be completed by speaker)

Name: _____

Address: _____ City: _____ Zip: _____

Transit Date of Service: _____



Date of Presentation: _____ Time & Length of Presentation: _____

Organization: _____

Contact Person: _____

Size of audience: _____ Age range: _____ Type of Class _____

Methods used in presentation: ___ lecture ___ simulation activity

Panel (describe members): _____

Other (please explain): _____

Do you think this type of presentation is worthwhile to you? To the audience? Please explain: _____

What might you do differently? _____

Would you be willing to make a similar type of presentation again? ___yes ___no

If answer is "no", why not? _____

What other type of presentation would you like to make? _____

Follow-up suggested (e.g action group, referral, more info) _____

Comments:

