

For Ed Presentation Evaluation Form

(To be completed by Educator)

Contact person _____

Date of presentation _____

Group/ location _____

Please rate each of the following as: **1** low, **2** below average, **3** average, **4** very good, **5** excellent

Content/ subjects	1	2	3	4	5
Arrangements/ set up	1	2	3	4	5
Knowledge of presenter	1	2	3	4	5
Effectiveness of presenter	1	2	3	4	5
Were group needs met	1	2	3	4	5
Your overall impression	1	2	3	4	5

What presentation techniques were particularly effective? _____

What content is particularly useful? _____

Suggestions for improving the process? _____

Suggestions for improving the presentation? _____

Are you likely to consider a future presentation? Yes____ no____ maybe____

General suggestions for improvement: _____
