

**EVALUATION**

**SPEAKER:**

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**PRESENTATION TITLE:**

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**Feedback is valuable in our efforts to provide continuous improvement in our program. Please respond to the questions below by filling in the circle that best fits your opinion.**

Strongly disagree	Disagree	Somewhat agree	Agree	Strongly agree
1	2	3	4	5

**1** As a result of hearing this presentation, I gained new knowledge about the subject or topic area.                             

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**2** The information presented in this session will be useful to me in the future.                             

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**3** The speaker was knowledgeable about the topic area and was effective in presenting their material.                             

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**Please use the area below to write additional comments about the topic or presenter.**

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