

# Program Evaluation



***Please return to:***

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***Please answer the following to receive credit for your participation***

VIDEOCONFERENCE RECEPTION SITE: \_\_\_\_\_

DATE \_\_\_\_\_

SPEAKER \_\_\_\_\_ I Watched Live \_\_\_\_ Via the Web \_\_\_\_

*1: Excellent 5: Poor*

1. Were objectives of the presentation made clear? 1 2 3 4 5
2. Did the speaker meet the objectives? 1 2 3 4 5
3. Was the speaker clear and effective? 1 2 3 4 5
4. Were the AV's and two way transmission clear? 1 2 3 4 5
5. Was the material relevant to your practice? 1 2 3 4 5
6. Was the presentation scientifically balanced, objective? 1 2 3 4 5
7. Was the content current? 1 2 3 4 5
8. Did the speaker challenge you to think about the topic in new ways? 1 2 3 4 5
9. Did the speaker encourage involvement of the Wyoming Telehealth audience? 1 2 3 4 5
10. Overall, how would you rate this presentation? 1 2 3 4 5

Other comments or suggestions:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_