

## Participant Evaluation Form

**Program Name:**

For each item identified below, circle the number to the right that best fits your judgment of its quality.

**Rating: 5=Outstanding; 4=Above Average; 3=Average; 2=Below Average; 1=Poor; NA=Not applicable**

<b>Speakers:</b>	<b>Scale</b>					
1. Organization of Presentation	1	2	3	4	5	NA
2. Ability to Communicate Information	1	2	3	4	5	NA
3. Instructional Aids for Key Information	1	2	3	4	5	NA
4. Knowledge of Subject	1	2	3	4	5	NA
5. Overall Rating	1	2	3	4	5	NA
<b>Program Content:</b>	<b>Scale</b>					
6. Usefulness of Information	1	2	3	4	5	NA
7. Ability to Apply to Job	1	2	3	4	5	NA
8. Quality of Handouts	1	2	3	4	5	NA
9. Ability to Apply to Personal Growth	1	2	3	4	5	NA
10. Schedule and Time Provided	1	2	3	4	5	NA
11. Overall Program Rating	1	2	3	4	5	NA
<b>Meeting Space:</b>	<b>Scale</b>					
12. Comfort/Suitability	1	2	3	4	5	NA
13. Location	1	2	3	4	5	NA
14. Map and Directions	1	2	3	4	5	NA
15. Refreshment/meal	1	2	3	4	5	NA
16. Overall Rating	1	2	3	4	5	NA

**Continued on back**



### Further Questions:

1. How were your expectations of the program met?
2. How do you expect to use this information? What was of most value to you? What was of least value?
3. Do you think further training in this area is needed? If so, what information was NOT covered in this program? Explain.
4. How could this program be improved?
5. Do you have suggestions for future programs?