

Name of Presentation: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_ Grade: \_\_\_\_\_

Presenter(s): \_\_\_\_\_ Total of Students: \_\_\_\_\_

**Teachers: We want to bring your school the best presentation possible, so we are using this evaluation tool to continue to improve our programs. Thank you for taking a few minutes to complete this evaluation and mailing it in the self addressed stamped envelope to my attention:**

**Jim Smith, Manager, Health Education Division  
Elkhart County Health Department**

For each statement, circle the number that best describes your opinion of the program or presenter. (Be sure to circle only one number for each observation)

**How would you evaluate?**

	Poor	Below Average	Average	Above Average	Excellent	N/A
1. The presenter's knowledge of the subject matter	1	2	3	4	5	6
<b>Comments:</b> _____						
2. The preparedness of the presenter(s)	1	2	3	4	5	6
<b>Comments:</b> _____						
3. Presenter addressed Health and Safety Issues	1	2	3	4	5	6
<b>Comments:</b> _____						
4. Was this presentation scheduled in a professional manner?	1	2	3	4	5	6
<b>Comments:</b> _____						
5. Are Students better equipped to handle Safety and Health issues?	1	2	3	4	5	6
<b>Comments:</b> _____						
6. Suggestions/recommendations for follow-up from ECHD	1	2	3	4	5	6
<b>Comments:</b> _____						
7. Would you request presentation for future classes? Yes: ____ No: ____	1	2	3	4	5	6