

Name of Presentation: _____

Date: _____ Time: _____ Location: _____

Presenter(s): _____

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
2. The preparedness of the presenter(s)	1	2	3	4	5	6
3. Were the materials appropriate for the class(es)	1	2	3	4	5	6
4. Was this presentation scheduled in a professional manner?	1	2	3	4	5	6
5. The overall evaluation Of this program:	1	2	3	4	5	6

What did you like most? _____

What did you like least? _____
