



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

Speakers:	Scale					
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
Program Content:	Scale					
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
Meeting Space:	Scale					
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

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