



Seminar Evaluation Form

Please provide us with your feedback by completing this questionnaire. This is a vital tool in our organization as it helps us to continuously improve our products and services to you our valued clients. We hope that you will be very candid in your responses as this will translate into accurate data and analyses towards better service.

Presenter Evaluation

Please rate the presenter on the following scale 1 low (poor) 5 being high (excellent) by encircling an option below.

1. The goals of the presentation were clear	1	2	3	4	5
2. The style of the presentation was organized	1	2	3	4	5
3. The presenter was well prepared	1	2	3	4	5
4. The presenter was engaging & dynamic	1	2	3	4	5
5. I found the presenter easy to interact with	1	2	3	4	5
6. My overall evaluation of the presenter - excellent	1	2	3	4	5
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7. Were the objectives of the seminar communicated to you?	Yes	No			
	<input type="checkbox"/>	<input type="checkbox"/>			
8. Did the seminar meet all of its stated objectives?	<input type="checkbox"/>	<input type="checkbox"/>			
9. Did the seminar address the concerns of your business/ area?	<input type="checkbox"/>	<input type="checkbox"/>			
10. Will the seminar help you to improve your ability to deliver within your organization?	<input type="checkbox"/>	<input type="checkbox"/>			
11. Are you committed to implementing at least one of the recommendations or objectives learnt?	<input type="checkbox"/>	<input type="checkbox"/>			
12. Quality of the seminar materials	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent	
13. Technical Support Services (Audio/ Visual setup)	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent	
14. Cafeteria Services	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent	
15. Parking	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent	
16. Coordinator	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent	
17. Other Services _____	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent	

18. Overall Satisfaction of seminar

Poor Fair Good Excellent

Please list 2 specific things you enjoyed MOST and learned from this presentation

1. _____
2. _____

Please list 2 specific things you enjoyed LEAST about this presentation

1. _____
2. _____

List any suggestions you have for improving this presentation

- _____
- _____
- _____
- _____
- _____
- _____

List any area that we may provide further professional development for you or your organization in the future.

1.	2.	3.
4.	5.	6.