

Public Presentation Evaluation Form

Presentation Title: _____ Date: _____

Please circle the number that best describes your reaction to this session.

1. This session increased my knowledge of the topic.

	Not at All		Somewhat		Very Much			
1		2		3		4		5

Comments: _____

2. I will use the information from this session in my workplace.

	Not at All		Somewhat		Very Much			
1		2		3		4		5

Comments: _____

3. What other topics would you like to know more about?

4. Other Comments / Suggestions:

Thank you!

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