SESSION EVALUATION

Session:_____ Time/Date:_____

Speaker:_____

Please check the circle that best approximates your opinions on the following five items:

	Excellent	**Very Good**	**Good**	**Fair**	**Poor**
1. Overall session evaluation	◯	◯	◯	◯	◯
2. Content vs. Expectations	◯	◯	◯	◯	◯
3. Speaker's knowledge of topic	◯	◯	◯	◯	◯
4. Speaker's use of examples	◯	◯	◯	◯	◯
5. Session visual aids (if applicable) *N/A* ◯	◯	◯	◯	◯	◯

Comments:_____

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Name (optional):_____ Organization:_____