

SEMINAR FEEDBACK FORM

Title of Presentation: _____
 Date: _____
 Presenter: _____
 Objectives: _____

How well were these areas addressed?	Highly Agree	Agree		Disagree	Highly Disagree
Presentation met stated objectives	5	4	3	2	1
Presentation was interesting	5	4	3	2	1
Material was new to me	5	4	3	2	1
Presentation was relevant	5	4	3	2	1

Please Rate the Following	Excellent		Good		Poor	Not Used
Presenter's delivery	5	4	3	2	1	
Knowledge of Subject	5	4	3	2	1	
Audiovisual materials	5	4	3	2	1	
Handout/Syllabus	5	4	3	2	1	
Question & Answer Period	5	4	3	2	1	

What was/were the strength(s) of the presentation? _____

What additional information would you have liked to have had included? _____

What do you feel could have been omitted? _____

Suggested topics for future presentations: _____

Do you think this lecture should be (circle one):

- A) continued in its current form
- B) continued in a modified form
- C) discontinued

Additional Comments: _____

