

**OFFICE OF HUMAN RESOURCES
EMPLOYEE WELLNESS
SPEAKER EVALUATION FORM**

Speaker Name: _____

Date of Presentation: ____/____/____

Location of Presentation: _____

Please help me to increase the value of my presentation by evaluating my program.
On a scale of one (1=Poor) to five (5= Excellent), please rate the following areas related to this program:

	1	2	3	4	5
Speaker's knowledge					
Speaker's style					
Pace and timing					
Program content					
Overall score					

What ideas did you find most helpful? _____

Your thoughts and feedback on how to improve the program: _____

Additional comments? _____

I am interested in requesting this presentation for another department.

I am interested in other health related topics such as: _____ &
_____.

Please contact me:

Name: _____ Title: _____

Department: _____

Phone: _____ Email: _____

Thank you!