

Training and Presentation Feedback Form
Arizona Psychology Training Consortium

TOPIC/TITLE: _____

DATE: _____

PRESENTER: _____

TRAINEE: Intern Resident Guest

RATING SCALE

1 = Well below average, 2 = Below average, 3 = Average, 4 = Above average, 5 = Superior

1. How would you rate the overall quality of this presentation?

1 2 3 4 5

2. How would you rate the relevance of this information to your training?

1 2 3 4 5

3. How would you rate the usefulness of this information to your training?

1 2 3 4 5

4. How would you rate the presenter's coverage of the topic?

1 2 3 4 5

5. How would you rate the presenter's knowledge of the topic?

1 2 3 4 5

6. How would you rate the presenter's organization of the subject matter and training materials?

1 2 3 4 5

7. What was your knowledge of or familiarity with this subject matter prior to the presentation?

1 2 3 4 5

8. How would you rate your knowledge or familiarity with this subject matter at the conclusion of this presentation?

1 2 3 4 5

9. Would you be interested in additional information on this topic? **YES NO**

10. Would you recommend this presenter for future presentations? **YES NO**

COMMENTS: