

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: