

# Speaker Evaluation Form for Teachers



**To better serve our educational community, we ask that you complete this evaluation form (one for each presentation) and return it to us at [education@gcsection.com](mailto:education@gcsection.com)**

Teachers' Name:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
School:					
School Board:					
Date of Presentation (DD/MM/YYYY):       /       /					
Presenter's Name:					
<b>Please rate this session by checking the boxes that most accurately reflect your opinion.</b>					
1. The speaker effectively communicated his/her area of expertise & evolution of their career.					
2. The speaker was knowledgeable and informative.					
3. The speaker was engaging and inspiring.					
4. The speaker was well prepared.					
5. The speaker communicated at a level conducive to the students' level of understanding.					
6. The speaker effectively used materials/powerpoint/handouts					
7. The presentation met or exceeded my expectations.					
8. I would recommend this speaker for other classes.					
9. Overall, the presentation was:					
		Excellent		Good	
				Fair	
					Poor

## Comments Section

Any additional comments on this program? (Strength/Weaknesses/Improvements)

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**Thank you! Your feedback is valuable to us.**