



Orientation session evaluation form

Presenters Date

Please help us improve future orientation sessions by completing the following:

The content of the orientation was	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Major strengths.....				
.....				
Improvements to orientation				
.....				

The presenters were	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Presenter strengths.....				
.....				
Improvements to presenter.....				
.....				

The venue was	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Comments.....				
.....				

The overall orientation was	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
How will the orientation assist you in volunteering with us.....				
.....				
Improvements to orientation				
.....				
What was the most valuable.....				
What was the least valuable.....				
What other training would assist you in volunteering with us.....				
.....				

Thank you for taking the time to give us feedback. Thanks for your attendance and interest.



Volunteering Qld