**Evaluation Form for Seminar**

**Seminar Details**

* **Seminar Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Location:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Instructor/Speaker:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Content Relevance**

* **How relevant was the content to your needs?**
	+ **Very Relevant**
	+ **Somewhat Relevant**
	+ **Neutral**
	+ **Somewhat Irrelevant**
	+ **Not Relevant at All**
* **Comments on Content Relevance:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Presentation Effectiveness**

* **How would you rate the effectiveness of the presentation?**
	+ **Excellent**
	+ **Good**
	+ **Average**
	+ **Below Average**
	+ **Poor**
* **Comments on Presentation Effectiveness:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Speaker Engagement**

* **How engaging was the speaker?**
	+ **Very Engaging**
	+ **Somewhat Engaging**
	+ **Neutral**
	+ **Somewhat Disengaging**
	+ **Not Engaging at All**
* **Comments on Speaker Engagement:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Overall Satisfaction**

* **Overall, how satisfied were you with the seminar?**
	+ **Very Satisfied**
	+ **Satisfied**
	+ **Neutral**
	+ **Dissatisfied**
	+ **Very Dissatisfied**
* **What did you like most about the seminar?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **What could be improved for future seminars?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Additional Feedback**

* **Please provide any additional comments or suggestions:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### **Personal Information (Optional)**

* **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Optional)
* **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Optional)

### **Declaration**

Thank you for your feedback! Your input is invaluable to us and will be used to improve future seminars.

* **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Type your name as a signature)**
* **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**