Evaluation Form for Seminar

Seminar Details • Seminar Title:			
• 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:
Over	all 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?
Addi	tional Feedback
•	Please provide any additional comments or suggestions:
Pers	onal Information (Optional)
	,
•	Name: (Optional)
•	Email: (Optional)
Decl	aration

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:	