

Speaker Evaluation Survey Form

Event Name: _____

Date: _____

Speaker's Name: _____

Survey Completed By: Attendee Organizer Student

Session Overview:

- Topic: _____
- Objective of the Session: _____
- Duration: _____
- Delivery Format: Lecture Workshop Panel Discussion

Evaluation Criteria (Rate from 1 to 5):

Criteria	1	2	3	4	5
Clarity of Speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevance of Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depth of Subject Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audience Interaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Key Takeaways from the Session:

Open-ended Questions:

1. What did you like most about the session? _____
2. Were there areas that needed more clarity? _____
3. Suggestions for future sessions: _____

Would you recommend this speaker for future events? Yes No