



Are You Getting the Message?

Your feedback will help us update this presentation and make improvements to this program.

General Information

Name (optional):

Date:

School and County:

Position:

Presenter(s):

Volunteer

Presentation Evaluation

	Poor	Fair	Satisfactory	Good	Excellent
1. The presentation's content was:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The handouts for the students were:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Please rate the overall presentation/handout/materials:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The applicability of the presentation in regard to the grade level of the students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Were you satisfied with the presentation and materials provided?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
6. Will you use/request this program in subsequent years?	<input type="checkbox"/>	<input type="checkbox"/>			

What was the most helpful part of the presentation?:

Do you have any suggestions to improve this presentation?:

Additional comments or suggestions about the presentation:

Please return completed evaluations to:
 Michael Kinney
 Ohio Rehabilitation Services Commission
 400 E. Campus View Blvd. Suite 150
 Columbus, OH 43235