

PPAI & ASI Evaluation Form

Please help me increase the value of my presentation by evaluating my program.

Speaker Name _____

Date of presentation ____ / ____ / ____

Location of presentation (City, State) _____

On a scale of one (1 = Poor) to five (5 = Excellent), please rate the following areas related to this program:

	1	2	3	4	5
Speaker's knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speaker's style	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pace and timing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program content	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall score	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What ideas did you find most helpful? _____

What are your thoughts and feedback on how to improve the program?

Additional comments _____

May I quote you? No Yes (please fill out the information below)

Name _____ Title _____

Company _____

City _____ State _____ ZIP _____