

**Date:** \_\_\_\_\_ **Seminar:** \_\_\_\_\_ **Facilitator:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**PROGRAM EVALUATION**

**Thank you for joining us for this program.** We would like to receive your feedback on today's presentation in order to assess our effectiveness and how we may better meet your needs and interests. Please answer all questions on a scale of 1 – 5 (see scale below) with 5 being the best, circling **just one** number. After completion, please return this form to the program facilitator.

	(Strongly Disagree)	1	2	3	4	5	(Strongly Agree)
1. The information presented in the seminar was informative.		1	2	3	4	5	
2. The program content was well organized.		1	2	3	4	5	
3. The facilitator communicated in a clear and professional manner.		1	2	3	4	5	
4. The facilitator encouraged and was responsive to questions.		1	2	3	4	5	
5. The materials distributed were helpful.		1	2	3	4	5	
6. Did the presentation meet your expectations?	Yes		No			Exceeded	

If no, why not? \_\_\_\_\_  
 \_\_\_\_\_

7. How did you learn about today's presentation? (Check all that apply)

\_\_\_\_\_ E-mail \_\_\_\_\_ Company Newsletter \_\_\_\_\_ Poster/Flyer

\_\_\_\_\_ Word of mouth \_\_\_\_\_ Company Intranet

Other (please specify) \_\_\_\_\_

8. What other health topic(s) would you be interested in learning more about?

\_\_\_\_\_

\_\_\_\_\_

9. To improve this program, I would recommend: \_\_\_\_\_

\_\_\_\_\_

10. Comments: \_\_\_\_\_

\_\_\_\_\_

**Thank you for your feedback!**