PRESENTATION EVALUATION

Name: (Optional)	Date:			
Presentation:				
Did the presentation meet your expectations? Comments:	Yes	Somewhat	No	
Was the topic addressed to your satisfaction? Comments:	Yes	Somewhat	No	
Was the material helpful and relevant? Comments:	Yes	Somewhat	No	
What did you like most about the presentation?				
What did you like least?				
Suggestions for improvement?				