



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!