



Presentation Evaluation Form

Please take a few minutes to fill out this questionnaire. Your feedback is essential to ensure the effectiveness of the material presented and that needs are being met.

1. How did you hear about the program?

Past experience with SWANCC

Word of mouth

Website

Elist for Educators news blurb

Other: _____

2. How did your students experience the program?

In-Person

Live presentation via Google or Zoom

Recorded video presentation

3. Was this a grant requirement program? Yes No

4. What grade level(s) or age-group received the presentation? _____

5. How effective was the speaker at communicating during the presentation?

Not Effective

Very Effective

1

2

3

4

5

6. How would you rate the relevance and usefulness of information given during the presentation?

Not Relevant

Very Relevant

1

2

3

4

5

7. Did you, or do you plan to visit SWANCC's website at swancc.org for additional information and activities for your students?

Yes No

If "yes", rate the usefulness of the resources.

Not Useful			Very Useful		
1	2	3	4	5	

8. Please list any follow-up measures or activities you did as a result of the presentation.

9. Would you recommend this presentation to other schools/community groups?

Do Not Recommend				Highly Recommend	
1	2	3	4	5	

Why or why not? _____

10. Additional comments are welcomed and appreciated:

Name of SWANCC Educator: _____

Presentation Date: _____ **Grade Level** _____

School or Group Name: _____

City: _____

Contact's Name: _____

Email: _____ **Phone:** _____

Please email form to Theresa Greinig at theresa@swancc.org.

Thank you for your feedback!

