

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?

- Live presentation via Google or Zoom
- Recorded video presentation

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

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

Not Effective

Very Effective

1

2

3

4

5

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

Not Relevant

Very Relevant

1

2

3

4

5

6. 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

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

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

Not Recommend

Would Recommend

1

2

3

4

5

Why or why not?

9. Additional comments are welcomed and appreciated:

Name of SWANCC Educator: _____

Presentation Date: _____ Number of Participants: _____

School or Group: _____ Dist. _____

Village/City: _____

Contact's Name: _____ Title: _____

Email: _____ Phone: _____

Please return this questionnaire in the provided postage-paid envelope as soon as possible.

Thank you for your feedback!

SWANCC.org