

Mississippi State Department of Health Heart Disease and Stroke Prevention Task Force Speaker's Bureau Evaluation Form

Date: _____ **Presentation:** _____

Presenter: _____

Did the presenter:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable
State the purpose of the presentation?						
Present on the stated objectives?						
Explain each point thoroughly?						
Summarize all main points in the presentation?						
Have relevant knowledge and expertise of the topic(s) presented?						
Effectively communicate with the audience?						
Provide a Question and Answer session?						
Audio/Visual Aids:						
The Audio/Visuals were clear and easy to see/hear.						
The handouts/materials were helpful in understanding the presentation.						

Would you likely recommend this speaker to a colleague? _____ _____
Yes No

Was there any biases detected during this presentation? _____ _____
Yes No

If yes, please explain: _____

How will you apply the knowledge gained from this presentation to your practice?

