**Canadian Sleep Society**

**Société Canadienne du Sommeil**

**PRESENTATION**

**EVALUATION FORM**

For each presenter/presentation please complete the following evaluation form.

Presenter:

Title of presentation:

Date of presentation:

|  |
| --- |
| Please use the following scale for items 1-8 |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | | 1 | 2 | 3 | 4 | 5 | |

|  |  |
| --- | --- |
| 1. Objectives were clearly outlined in the begin of the presentation | 1 2 3 4 5 |
| 1. Learning objectives outlined were met | 1 2 3 4 5 |
| 1. The presentation materials were clear and legible | 1 2 3 4 5 |
| 1. The topics were relevant and useful to your profession | 1 2 3 4 5 |
| 1. The presenter was well organized and established   a good rapport with the audience | 1 2 3 4 5 |
| 1. The presenter demonstrated thorough knowledge of the topic | 1 2 3 4 5 |
| 1. The topics were presented at appropriate level and with adequate detail | 1 2 3 4 5 |
| 1. Members of the audience were encouraged to ask questions or   to actively participate | 1 2 3 4 5 |

What is your overall evaluation of this presenter?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Unsatisfactory | Below Average | Average | Above Average | Strongly Agree |

Comments: