

NYS AFLT SPEAKERS' BUREAU

PRESENTER EVALUATION

Please help us to serve you in the future by taking the time to duplicate and distribute this form to all attendees at the workshop/session arranged through the NYSAFLT Speakers' Bureau. Please collect all forms and return them to NYSAFLT Headquarters at your earliest convenience.

Overall, did this workshop meet your professional needs? () Yes () No

Presenter Name: _____

Workshop Title: _____

Please provide an overall rating:

EXCELLENT VERY GOOD GOOD FAIR POOR N/A

Comments:

Was the presenter knowledgeable of the subject of the workshop?

Comments:

Would you ask this presenter to return or would you recommend him/her?

Comments:

Whom would you recommend to present a workshop in the future? (Please include the person(s) contact information if you know it.)

Please return all forms to:

**NYSAFLT Headquarters
2400 Main street
Buffalo, NY 14214**

Results may be compiled at the local level and sent electronically to hq@nysaflt.org.