

Program Evaluation Form

Sponsor _____

Program Title _____

BELTSS Approval Number _____ **Date:** _____

DIRECTIONS: *Using the following scale, evaluate the workshop by circling the number that best represents your impression.*

PROGRAM

	Low					High
1. Program Content	1	2	3	4	5	
2. Objectives were followed	1	2	3	4	5	
3. Agenda was followed	1	2	3	4	5	

SPEAKERS

1. Rate the speaker(s) presentation						
A. _____	1	2	3	4	5	
B. _____	1	2	3	4	5	
C. _____	1	2	3	4	5	

HANDOUTS

1. The handouts provided were appropriate	1	2	3	4	5	
2. Audio-Visual equipment was used appropriately	1	2	3	4	5	

MEETING ROOM

1. Rate meeting room accommodations	1	2	3	4	5	
2. Facility/Meeting Room/Hotel was easy to locate	1	2	3	4	5	

THE OVERALL RATING YOU WOULD GIVE THIS PROGRAM 1 2 3 4 5

Additional comments regarding program, content, speakers, facility, etc.:

SPONSOR: Please return evaluation forms as soon as possible to BELTSS, 246 N. High Street, 1st Fl. Columbus, OH 43215