



## Speakers Bureau Audience Feedback Form

Speaker's name: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_

Presentation title: \_\_\_\_\_

Please read each statement and indicate how much you agree by circling the number to the right that matches your level of agreement. If the question does not apply, circle "3" for neutral.

- | <u>Strongly Agree</u>  | <u>Agree</u> | <u>Neutral</u> | <u>Disagree</u> | <u>Strongly Disagree</u> |   |
|--|--------------|----------------|-----------------|--------------------------|---|
| 1  | 2            | 3              | 4               | 5                        |   |
| 1. The speaker clearly stated the purpose of the presentation.   | 1            | 2              | 3               | 4                        | 5 |
| 2. Visual aids were easy to see and/or read.                     | 1            | 2              | 3               | 4                        | 5 |
| 3. The pace of showing slides allowed time to view or read them. | 1            | 2              | 3               | 4                        | 5 |
| 4. The speaker explained the content of each slide.              | 1            | 2              | 3               | 4                        | 5 |
| 5. The speaker spoke clearly, so I could hear/understand.        | 1            | 2              | 3               | 4                        | 5 |
| 6. The speaker talked at a nice pace.                            | 1            | 2              | 3               | 4                        | 5 |
| 7. The handout materials were helpful.                           | 1            | 2              | 3               | 4                        | 5 |
| 8. The presentation content matched the presentation title.      | 1            | 2              | 3               | 4                        | 5 |
| 9. I learned something from the presentation.                    | 1            | 2              | 3               | 4                        | 5 |
| 10. I enjoyed the presentation.                                  | 1            | 2              | 3               | 4                        | 5 |
| 11. I would recommend this speaker to others.                    | 1            | 2              | 3               | 4                        | 5 |

Comments: Please write below or on the back of this sheet any comments you would like the speaker and/or WAG to know.

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**Thank you for completing this form, so we can benefit from your input.**