

**Culturally and Linguistically Appropriate Services (CLAS) Standards**  
**Presentation**

**Evaluation Form**

Please indicate your impressions of the items listed below.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The trainer met the presentation objectives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The content was organized and easy to follow.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The materials distributed were pertinent and useful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. How do you rate the presentation?					
Excellent	Good	Average	Poor	Very Poor	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. What aspects of the presentation could be improved?					
6. Other comments?					

**THANK YOU FOR YOUR PARTICIPATION**

Please return to Pete Best at the MHSOAC

rev 11-15-11