Mississippi State Department of Health Heart Disease and Stroke Prevention Task Force Speaker's Bureau Evaluation Form

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Date:	Presentation:
Dalt.	I I CSCIItation.

Presenter: _____

Did the presenter:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable	
State the purpose of the presentation?							
Present on the stated objectives?							
Explain each point thoroughly?							
Summarize all main points in the presentation?							
Have relevant knowledge and expertise of the topic(s) presented?							
Effectively communicate with the audience?							
Provide a Question and Answer session?							
Audio/Visual Aids:							
The Audio/Visuals were clear and easy to see/hear.							
The handouts/materials were helpful in understanding the presentation.							
Would you likely recommend this s	speaker to a c	olleague?	Yes	No			
Was there any biases detected during this presentation?							
If yes, please explain:			1 55	110			

How will you apply the knowledge gained from this presentation to your practice?