



Ti E-3

**PARTICIPANT PROGRAM EVALUATION**  
 DR. MARK A. KLAISNER, Executive Director  
 4413 Roosevelt Road – Suite 105  
 Hillside, Illinois 60162  
 Phone: 708 483-6062

**DISTRICT NAME:** \_\_\_\_\_

**DISTRICT NUMBER:** \_\_\_\_\_ **INSTITUTE DATE :** \_\_\_\_\_

Please check the appropriate space:

<input type="checkbox"/> Administrator Elem	<input type="checkbox"/> Teacher Elem	<input type="checkbox"/> Other Elem	
<input type="checkbox"/> Administrator Middle	<input type="checkbox"/> Teacher Middle	<input type="checkbox"/> Other Middle	
<input type="checkbox"/> Administrator Secondary	<input type="checkbox"/> Teacher Secondary	<input type="checkbox"/> Other Secondary	

In rating the speakers in the following areas, please circle the appropriate number: 5 being the highest, 1 the lowest.

PRESENTER:		Highest					Lowest
TITLE OF PRESENTATION:		5	4	3	2	1	
1.	Knowledge of Subject						
2.	Clarity of presentation (speaking style, personal mannerisms enthusiasm for topic)						
3.	Organization of materials and topics.						
4.	Ability to maintain audience interest.						
5.	Check one: <input type="checkbox"/> Large group <input type="checkbox"/> Small group						
TOTAL # RESPONDENTS: _____							

PRESENTER:		Highest					Lowest
TITLE OF PRESENTATION:		5	4	3	2	1	
1.	Knowledge of Subject						
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3.	Organization of materials and topics.						
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5.	Check one: <input type="checkbox"/> Large group <input type="checkbox"/> Small group						
TOTAL # RESPONDENTS: _____							
Would you recommend this program to others?		<input type="checkbox"/> YES		<input type="checkbox"/> NO			
This program met my professional development needs?		<input type="checkbox"/> YES		<input type="checkbox"/> NO			
Comments: _____							