



Ti E-4

**DISTRICT SUMMARY OF PROGRAM EVALUATION – FY16**

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 Hillside, Illinois 60162  
 Telephone: 708 483-6206

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

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

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

**PRESENTER:** \_\_\_\_\_

**TITLE OF PRESENTATION:** \_\_\_\_\_

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

	<b>PRESENTER:</b>	Highest				Lowest
	<b>TITLE OF PRESENTATION:</b>	5	4	3	2	1
1.	<b>Knowledge of Subject</b>					
2.	<b>Clarity of presentation</b> (speaking style, personal mannerisms enthusiasm for topic)					
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5.	<b>Check one:</b> <input type="checkbox"/> Large group <input type="checkbox"/> Small group					
<b>TOTAL # RESPONDENTS:</b>						
<b>Name of person completing this form:</b>						
<b>Date:</b>		<b>Telephone #:</b> ( )				
<b>Comments:</b>						