



March 9-10, 2009

InterContinental Dallas Hotel • Addison, TX

Presentation Evaluation Form

Name _____ AAA CEU Credit
 ASHA CEU Credit

Please mark all of the following entities that you represent:

- | | | |
|--|--|--|
| <input type="checkbox"/> Advocacy Group | <input type="checkbox"/> Local Health Dept | <input type="checkbox"/> Student |
| <input type="checkbox"/> Audiologist | <input type="checkbox"/> Medical Provider | <input type="checkbox"/> University |
| <input type="checkbox"/> Early Intervention Provider | <input type="checkbox"/> Non-Profit Agency | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Family of a child with hearing loss | <input type="checkbox"/> Part C Agency/Provider | _____ |
| <input type="checkbox"/> Federal Agency | <input type="checkbox"/> State Education Agency | _____ |
| <input type="checkbox"/> Hospital/Birthing Center | <input type="checkbox"/> State Health Department | _____ |

1st PRESENTATION

Primary Presenter's Last Name: _____

	Poor			Excellent	
Overall quality	1	2	3	4	5
Organization / clarity of presentation.....	1	2	3	4	5
Usefulness of information.....	1	2	3	4	5
Relevance of topic.....	1	2	3	4	5
Adequate opportunity to participate.....	1	2	3	4	5
Usefulness of handouts / support materials / PowerPoint Slides (if applicable).....	1	2	3	4	5

Your comments:

2nd PRESENTATION

Primary Presenter's Last Name: _____

	Poor			Excellent	
Overall quality	1	2	3	4	5
Organization / clarity of presentation.....	1	2	3	4	5
Usefulness of information.....	1	2	3	4	5
Relevance of topic.....	1	2	3	4	5
Adequate opportunity to participate.....	1	2	3	4	5
Usefulness of handouts / support materials / PowerPoint Slides (if applicable).....	1	2	3	4	5

Your comments:

