Evaluation of Local Luncheon Program

Name of Local Luncheon Group: ____________________________________________

Program Date: __________________________________________________________

Program Topic and Speaker: ______________________________________________

1. Were the stated learning objectives met? ___ Yes ____ No
2. If applicable, were any prerequisite requirements appropriate? ___ Yes ____ No
3. Were the program materials accurate? ___ Yes ____ No
4. Were the program materials relevant and did they contribute to the achievement of the learning objectives? ___ Yes ____ No
5. Was the time allotted to the learning activity appropriate? ___ Yes ____ No
6. If applicable, were the individual speakers/ instructors effective? ___ Yes ____ No
7. Were the facilities and/or technological equipment appropriate? ___ Yes ____ No
8. Were the handout and/or advance preparation materials satisfactory? ___ Yes ____ No
9. Were the audio and visual materials effective? ___ Yes ____ No
10. What other topics would you be interested in seeing at a Local Luncheon Group presentation:

11. Additional Comments:

Please return this form to the Local Luncheon Group Committee at the end of the program.