ACADEMIC STAFF PROFESSIONAL DEVELOPMENT COMMITTEE

PROGRAM EVALUATION FORM

TOPIC:_____

LOCATION:_____ **DATE:**_____

PLEASE TAKE A FEW MOMENTS TO ANSWER THE QUESTIONS BELOW. YOUR PARTICIPATION WILL ASSIST OUR PLANNING AND EVALUATION EFFORTS SO WE CAN CONTINUE TO BETTER SERVE YOUR PROFESSIONAL DEVELOPMENT NEEDS.

OVERALL PROGRAM   **VERY POOR……………..EXCELLENT**

THE PROGRAM WAS   [1]   [2]   [3]   [4]   [5]

SPEAKER   **PLEASE RATE THE SPEAKER IN THE FOLLOWING AREAS:**

     KNOWLEDGE OF TOPIC:………………   [1]   [2]   [3]   [4]   [5]
     PRESENTATION CLARITY…………….   [1]   [2]   [3]   [4]   [5]
     USE OF VISUAL AIDS…………………   [1]   [2]   [3]   [4]   [5]
     RESPONSE TO QUESTIONS……………   [1]   [2]   [3]   [4]   [5]

PRACTICALITY   **NOT**   **EXTREMELY**
                   USEFUL   **USEFUL**

     HOW USEFUL WILL INFORMATION
     FROM THIS PROGRAM BE TO YOU
     IN YOUR WORK………………………   [1]   [2]   [3]   [4]   [5]

INTEREST   **VERY POOR………………EXCELLENT**

     HOW INTERESTING WAS THIS
     PROGRAM…………………………….   [1]   [2]   [3]   [4]   [5]

COMMENTS AND SUGGESTIONS: (OPTIONAL) _____

_____
_____
_____

WHAT OTHER PROGRAMS WOULD YOU LIKE TO SEE:_____

_____

HOW DID YOU FIND OUT ABOUT THE PROGRAM: [ ] FLYER [ ] E-MAIL [ ] POSTER [ ] OTHER
                    [ ] NEWSLETTER [ ] WEBSITE [ ] LISTSERV

SEND COMPLETED SURVEY TO: BILL ROBERSON – OAKLAND CENTER
OR E-MAIL   ag1885@wayne.edu