

# National Conference on Volunteering and Service Workshop Assistant/Evaluator Evaluation

Session Name \_\_\_\_\_

Session Number \_\_\_\_\_

Time-Date: \_\_\_\_\_

Presenter: \_\_\_\_\_

Evaluator's Name (for follow-up purpose only): \_\_\_\_\_

Did any of these situations apply to this workshop? (Check all that apply)

Presenter(s) did not show up.     This workshop was canceled.     There was no audience at this workshop.

**If you checked any of the above, stop here and return this form to the Volunteer Office.**

**Please follow the directions of each question.**

1. Please rate the presenter's presentation skills: (Check one)

Poor                       Average                       Good                       Excellent

2. Please rate the presentation: (Check one)

**Number of speakers:**                       Too many                       Just right                       Not enough

**Program description accuracy:**                       Not as described in the program  
 Close to what was described in the program  
 As described in the program

**Opportunities for audience interaction:**                       No opportunities for interaction  
 A few opportunities for interaction  
 Many opportunities for interaction

**Did the presenter leave time for audience questions?**                       Yes                       No

3. Please rate the audience: (Check one)

**Engagement:**                       Not at all engaged                       Somewhat engaged                       Very engaged

**Retention:**                       Less than half stayed                       Half to three-quarters stayed                       All or most stayed

**How many attendees were there at most? (Fill in the number)** \_\_\_\_\_

4. Please rate the room's: (Check one)

**Temperature:**                       Comfortable temperature                       Too cold                       Too hot

**Sound:**                       Noisy                       Quiet

**Sound:**                       Poor acoustics                       Good acoustics

5. Please check types of Audio Visual aids and teaching strategies used in presentation: (Check all that apply)

**Audio/Visual aids**     Handouts     Flip Charts (prepared before session)     Flip Charts (notes taken during session)  
 Power Point                       Overheads                       Web page visits/walkthroughs

**Teaching strategies**     Lecture                       Small Group brainstorms/discussion  
 Small group exercises (with handouts etc.)                       Whole Group brainstorms/discussion

6. Evaluator's opinion: (Check one)

**In YOUR opinion, how knowledgeable do you think the presenter was?**

Not very knowledgeable                       Somewhat knowledgeable                       Very knowledgeable

**In YOUR opinion, how interesting did you find this particular session?**

Not at all interesting                       Somewhat interesting                       Very interesting

**In YOUR opinion, did you learn something useful to your work?**                       Yes                       No