

TECHNICAL ASSISTANCE EVALUATION FORM
U.S. Department of Education, Office for Civil Rights

Subject _____
Date _____
OCR Office _____
Presenter _____
Location _____
Audience _____

Please circle the appropriate number using the scale below:

| | |
|----------------------------|---|
| Strongly Agree | 5 |
| Agree | 4 |
| Neither Agree nor Disagree | 3 |
| Disagree | 2 |
| Strongly Disagree | 1 |

1. The main points of the presentation were clear

5 4 3 2 1

2. The presenter was well organized

5 4 3 2 1

3. Questions from the audience were addressed in a courteous and professional manner

5 4 3 2 1

4. The presentation expanded my knowledge of the subject area

5 4 3 2 1

Comments _____

Name (optional) _____

Organization (optional) _____

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is **1800-0011**. The time required to complete this information collection is estimated to average 5 minutes, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. **If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:** U.S. Department of Education, Washington, D.C. 20202-1100. **If you have comments or concerns regarding the status of your individual submission of this form, write directly to** the Office for Civil Rights, U.S. Department of Education, 400 Maryland Avenue, S.W., Washington, D.C. 20202-1100.