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 <u>you</u> think the presenter was?

         ☐ Not very knowledgeable   ☐ Somewhat knowledgeable   ☐ Very knowledgeable

In YOUR opinion, how interesting did <u>you</u> find this particular session?

         ☐ Not at all interesting   ☐ Somewhat interesting   ☐ Very interesting

In YOUR opinion, did <u>you</u> learn something useful to <u>your</u> work?   ☐ Yes   ☐ No