OMB No.: 0925-0642

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**Lectures**

Day

Time

Lecture Title

Speaker 1

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Overall Impression (Please Circle Your Answer):*  | **Lowest** |  |  |  | **Highest** |
| Your Level of Interest in this Topic  | 1 | 2 | 3 | 4 | 5 |
| Your Knowledge of the Topic Prior to the Lecture | 1 | 2 | 3 | 4 | 5 |
| Your Knowledge/Understanding of the Topic Following the Lecture | 1 | 2 | 3 | 4 | 5 |
| Comprehensiveness of Lecture Content | 1 | 2 | 3 | 4 | 5 |
| Lecturer’s Engagement with Audience | 1 | 2 | 3 | 4 | 5 |
| The Length of the Lecture Was Appropriate | 1 | 2 | 3 | 4 | 5 |

*Additional Comments:*

Speaker 2

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Overall Impression (Please Circle Your Answer):*  | **Lowest** |  |  |  | **Highest** |
| Your Level of Interest in this Topic  | 1 | 2 | 3 | 4 | 5 |
| Your Knowledge of the Topic Prior to the Lecture | 1 | 2 | 3 | 4 | 5 |
| Your Knowledge/Understanding of the Topic Following the Lecture | 1 | 2 | 3 | 4 | 5 |
| Comprehensiveness of Lecture Content | 1 | 2 | 3 | 4 | 5 |
| Lecturer’s Engagement with Audience | 1 | 2 | 3 | 4 | 5 |
| The Length of the Lecture Was Appropriate | 1 | 2 | 3 | 4 | 5 |

*Additional Comments:*

Speaker 3

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Overall Impression (Please Circle Your Answer):*  | **Lowest** |  |  |  | **Highest** |
| Your Level of Interest in this Topic  | 1 | 2 | 3 | 4 | 5 |
| Your Knowledge of the Topic Prior to the Lecture | 1 | 2 | 3 | 4 | 5 |
| Your Knowledge/Understanding of the Topic Following the Lecture | 1 | 2 | 3 | 4 | 5 |
| Comprehensiveness of Lecture Content | 1 | 2 | 3 | 4 | 5 |
| Lecturer’s Engagement with Audience | 1 | 2 | 3 | 4 | 5 |
| The Length of the Lecture Was Appropriate | 1 | 2 | 3 | 4 | 5 |

*Additional Comments:*