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**Directorate for Education and Human Resources**

**Division of Undergraduate Education**

# Audience Survey/Presentation Evaluation/Feedback Form

Please take a few minutes to fill out this survey on the effectiveness and quality of the presentation you attended today. NSF welcomes your feedback and your answers will be kept confidential. Thank you for your participation.

## Session Information

**Conference: Date: Session Title:**

## Attendee Information

### **What type of institution are you associated with?**

[ ]  K-12 School [ ]  2-Year (Associate’s) [ ]  4-Year (Bachelor’s/Master’s) [ ]  University (PhD) [ ]  Other

### **How many presentations by NSF staff have you attended in the last 5 years?**

[ ]  None [ ]  1 [ ]  Few (2-4) [ ]  Several (5+)

## Session Evaluation

### **Please rate the quality of the material/information you received in this session** [Check one box].

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1: Low [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  6: High [ ]  **N/A** |

### **Please rate how well-aligned this session was with its stated goals and objectives**. [Check one box].

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1: Low [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  6: High [ ]  **N/A** |

### **Please rate the clarity in communication by the presenter(s) of this session.** [Check one box].

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1: Low [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  6: High [ ]  **N/A** |

### **Please rate the level of audience participation/interaction in this session.** [Check one box].

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1: Low [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  6: High [ ]  **N/A** |

### **Please rate the responsiveness of the presenter(s) to the audience.** [Check one box].

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1: Low [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  6: High [ ]  **N/A** |

### **Please rate how likely you would be to recommend a similar session to a colleague.** [Check one box].

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1: Low [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  6: High [ ]  **N/A** |
|  |  |  |  |  |  |

1. **Highlights.** Please use this space to provide feedback on which aspects of the session you thought were the most valuable and should definitely be included if/when this session is repeated in the future.
2. **Lowlights.** Please use this space to provide feedback on which aspects of the session you thought were the least valuable and should NOT be included if/when this session is repeated in the future.
3. **Other Comments.** Please use this space to provide suggestions for improvements to the session, suggestions for topics for future sessions, examples of things you learned in this session that you will use or share with others, kudos for what the presenters did well or any other comments.