

NATIONAL CANCER INSTITUTE Cancer Prevention Fellowship Program

CPFP Fellows Research Meeting (FRM) Speaker Feedback Form

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NATIONAL CANCER INSTITUTE Cancer Prevention Fellowship Program

CPFP Fellows Research Meeting (FRM) Speaker Feedback Form

Speaker Name

FRM Date

The questions in the section below aim to collect feedback on the FRM speaker and their presentation. Please select the appropriate rating to indicate the degree to which you agree with each statement.

If necessary, support your ratings with a comment.

Delivery of presentation was excellent (e.g., consistent eye contact with audience, enthusiasm, good use of gestures, minimal reading of notes, and minimal use of filler words, including "um," "ah," or "like").

Strongly disagree

Disagree

Neither agree nor disagree

Agree

Strongly agree

If necessary, support your rating with a comment.

Strongly disagree Disagree Agree Strongly agree If necessary, support your rating with a comment.		lity of presentation was high (e.g., slides are clear, readable, well organized, use good data visualizatio iniques).
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The speaker answered questions well.

Strongly disagree

Disagree

Neither agree nor disagree

Agree

Strongly agree

If necessary, support your rating with a comment.

The questions in the section below aim to collect your overall impressions of the FRM presentation. Please provide responses that the speaker can use to grow in their research and presentation skills.

What value did you receive from this session?

Other comments (questions you may have that you did not raise, answers that need additional clarification, suggestions for the speaker, etc.):