



LIFE LONG LEARNING PROGRAMS

PROGRAM FEEDBACK FORM

Name of Program _____ Date _____

Presenter(s) _____

We appreciate your candid evaluation of this program. Mark the number that indicates your rating of 3 areas. Under Comments, please let us know what was especially good and what might be improved. Thank you.

OVERALL PROGRAM RATING:

1	2	3	4	5
Poor	Fair	Good	Very Good	Excellent

Comments:

RATING OF PROGRAM CONTENT:

1	2	3	4	5
Poor	Fair	Good	Very Good	Excellent

Comments:

RATING OF PRESENTER'S DELIVERY:

1	2	3	4	5
Poor	Fair	Good	Very Good	Excellent

Comments:

ADDITIONAL COMMENTS: (write below or on the back)