

PRACTICAL PLANNED GIVING CONFERENCE SPEAKER EVALUATION

Date: _____ Speaker: _____

Name (optional): _____

Please rate the following:

	Excellent	Good	Neutral	Fair	Poor
I. OVERALL	5	4	3	2	1
Were your major objectives for this session met? Was the content of the session vital, timely, substantive?					
Comments: _____					

II. RELEVANCE	5	4	3	2	1
Was the subject matter directly related to the requirements of your job?					
Comments: _____					

III. VALUE	5	4	3	2	1
Do you believe the benefits of this session were worth the time, effort and cost?					
Comments: _____					

IV. SPEAKER	5	4	3	2	1
How was their presentation style? Did the session move along at the right pace? Did they have appropriate knowledge on the topic?					
Comments: _____					

V. MATERIALS	5	4	3	2	1
Were the materials clear and organized and appropriately helpful for the session?					
Comments: _____					

Vi. What did you like the most about the session?

VI. Any suggestions to improve future sessions?

XII. How many years of gift planning experience do you have? _____