



# PRACTICAL PLANNED GIVING CONFERENCE SPEAKER EVALUATION

Date: \_\_\_\_\_ Speaker: \_\_\_\_\_

Name (optional): \_\_\_\_\_

Please rate the following:

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

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

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

<b>IV. SPEAKER</b>	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: _____					
_____					

<b>V. MATERIALS</b>	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?** \_\_\_\_\_