Program Coordinator: Please fill out the table BEFORE photocopying and distributing.

<table>
<thead>
<tr>
<th>Presentation Title</th>
<th>Speaker Name</th>
<th>Date/Time</th>
<th>Sponsoring Organization</th>
<th>Grant Number</th>
</tr>
</thead>
</table>

Audience Members: Please take a moment to answer the following questions by circling the rating you feel best answers the question. Your responses are very important to us.

Ratings:

How would you rate the speaker? Poor Good Excellent

How would you rate the information presented? Poor Good Excellent

How well did the speaker relate to you? Poor Good Excellent

How well did the speaker involve the group in discussion? Poor Good Excellent

How much knowledge did you gain about this subject from the presentation? Poor Good Excellent

General Comments: (Please use the reverse side of this form if extra space is needed)

What did you like best about the presentation?

What did you like least about the presentation?

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_________________________  __________________________
Name                      Email