

**Delaware Humanities
Speakers Program
Audience Evaluation Form**

Presentation Title	
Speaker Name	
Date/Time	
Sponsoring Organization	
Program Number	

Audience Members: Please take a moment to answer the following questions. Circle the choice that most accurately reflects how much you agree or disagree with each statement. Your responses help us create stronger programs for our communities.

I was able to reflect on my own beliefs, assumptions, and experiences. Strongly Disagree Disagree Neutral Agree Strongly Agree

I felt a connection to and/or better understanding of someone different than myself. Strongly Disagree Disagree Neutral Agree Strongly Agree

I found value in the time I spent at this event. Strongly Disagree Disagree Neutral Agree Strongly Agree

I learned or experienced something new. Strongly Disagree Disagree Neutral Agree Strongly Agree

Please include any other comments you have on the back of this sheet.

Receive up to the minute info about DH programs by signing up for our **email newsletter**.

PLEASE PRINT CLEARLY!

Name _____

Email _____