

**Delaware Humanities  
Speakers Program - Audience Evaluation Form**

Presentation Title	
Date/Time/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 learned or experienced something new.	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 more about people whose experiences are different from my own.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I was able to reflect on my own knowledge and beliefs.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

Please include any comments for the speaker here.

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

PLEASE PRINT CLEARLY!

Name \_\_\_\_\_

Email \_\_\_\_\_