**
Ti E-4**

**DISTRICT *SUMMARY* OF PROGRAM EVALUATION**

Email to: sbogren@west40.orgDr. Mark A. Klaisner**,** Executive Director

415 Lexington St.

Maywood, Illinois 60153

| **DISTRICT NAME:**  |  |
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| **DISTRICT NUMBER:**  | **INSTITUTE DATE :**  |
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| In rating the speakers in the following areas, please circle the appropriate number: 5 being the highest, 1 the lowest. |
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| PRESENTER:  |
| TITLE OF PRESENTATION:  |

|  |  | Highest |  |  | Lowest |
| --- | --- | --- | --- | --- | --- |
|  |  | **5** | **4** | **3** | **2** | **1** |
| **1.** | **Knowledge of Subject** |  |  |  |  |  |
| **2.** | **Clarity of presentation** (speaking style, personal mannerisms enthusiasm for topic) |  |  |  |  |  |
| **3.** | **Organization of materials and topics.** |  |  |  |  |  |
| **4.** | **Ability to maintain audience interest.** |  |  |  |  |  |
| **5.** | **Check one:** | ☐ Large group  | ☐ Small group |
| **TOTAL # RESPONDENTS: \_\_\_\_\_\_\_\_** |
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|  | **PRESENTER:**  | Highest |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **TITLE OF PRESENTATION:**  | **5** | **4** | **3** | **2** | **1** |
| **1.** | **Knowledge of Subject** |  |  |  |  |  |
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| **5.** | **Check one:** | ☐ Large group | ☐ Small group |
| **TOTAL # RESPONDENTS: \_\_\_\_\_\_\_\_** |
|  |  |  |
| **Name of person completing this form:** |
| **Date: Telephone #: ( )** |  |  |  |  |
| **Comments:** |
|  |
|  |

10/2023 Email to: sbogren@west40.org or jeffsmith@west40.org