**  
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 | | | |  |  | |  |
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|  | **TITLE OF PRESENTATION:** | | | | | **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.** | | | | |  | |  | |  |  | |  |
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| **TOTAL # RESPONDENTS: \_\_\_\_\_\_\_\_** | | | | | | | | | | | | | |
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| **Name of person completing this form:** | | | | | | | | | | | | | |
| **Date: Telephone #: ( )** | | | | |  | |  | |  | | |  | |
| **Comments:** | | | | | | | | | | | | | |
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