Presentation Feedback

Date:

Presenter Name: Teacher Grade:

Session Name:

Session Length:

The content of the session was useful and interesting.....	1	2	3	4	5	N.A.
The session was structured and well organized.....	1	2	3	4	5	N.A.
The topics covered were relevant to me.....	1	2	3	4	5	N.A.
The verbal delivery of the session was clear.....	1	2	3	4	5	N.A.
The visual delivery of the session was clear	1	2	3	4	5	N.A.
What did you think of the presentation overall?.....	1	2	3	4	5	N.A.
Was there adequate time for questions and discussion?.....				Yes	No	
Do you think you can apply what you learned in the work place?.....				Yes	No	

What aspects of the teaching were particularly good?

What aspects of the teaching could be improved?

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