

Peer Health Education Tally Sheet

Please use this sheet to tally PHE Evaluation forms from each presentation. Give this form along with the evaluations to your peer coordinators at the first meeting after your presentation.

Group (Res Hall, Fraternity, etc.): _____ Date: _____

Topic (Presentation Title): _____

of People Attending: _____ # of Evaluations Turned In: _____

Presenter(s) Name(s): _____

	1	2	3	4	5	Blank
Question 1: USEFUL						
TOTAL						
Question 2: ORGANIZED						
TOTAL						
Question 3: CLEAR						
TOTAL						
Question 4: ENTHUSIASTIC						
TOTAL						
Question 5: CONFIDENT						
TOTAL						
Question 6: LISTEN & RESPOND						
TOTAL						
Question 7: INTERACTIVE						
TOTAL						
Question 8: INCLUSIVE						
TOTAL						

	Yes	No	Somewhat	Blank
Question 9: RESOURCE INFORMATION				
TOTAL				
Question 10: USE RESOURCES				
TOTAL				
Question 11: RECOMMEND				
TOTAL				
Question 12: CHANGE BEHAVIOR				
TOTAL				

	PEER EDUCATOR	HEALTH PROFESSIONAL	FACULTY	BLANK
Question 13: PREFER TO HEAR FROM				
TOTAL				

IF APPLICABLE:	RIGHT	WRONG	BLANK		RIGHT	WRONG	BLANK
Question 14:				Question 15:			
TOTAL				TOTAL			

PLEASE COPY ADDITIONAL COMMENTS/SUGGESTIONS/COMPLIMENTS ON THE BACK OF THIS FORM.