

# Presentation Evaluation

(SHR)

Presentation Title \_\_\_\_\_ Date \_\_\_\_\_

Presenter(s) Name(s) \_\_\_\_\_ Your Group \_\_\_\_\_

**For questions 1 - 8, please use a scale of 1 - 5 with 1 meaning “not at all” and 5 meaning “extremely.”**

1. How **useful** was the information in this presentation? 1 2 3 4 5
2. Were the presenter(s) **organized**? 1 2 3 4 5
3. Was the information presented **clearly**? 1 2 3 4 5
4. How **enthusiastic** were the presenter(s)? 1 2 3 4 5
5. Did the presenter(s) appear **confident**? 1 2 3 4 5
6. Did the presenter(s) **listen** and **respond** to audience comments? 1 2 3 4 5
7. How **interactive** was the presentation? 1 2 3 4 5
8. Do you feel this presentation was **inclusive** and open to all viewpoints? 1 2 3 4 5

**For questions 9 -13, please circle the answer that best fits your opinion.**

9. Did the presenter provide resource information? YES NO SOMEWHAT
10. Are you more likely to use these resources after the presentation? YES NO SOMEWHAT
11. Would you recommend this presentation to others? YES NO SOMEWHAT
12. Has this presentation reinforced your existing healthy behaviors or motivated you to change your behavior to healthier choices? YES NO SOMEWHAT
13. Who would you prefer to hear this information from? PEER EDUCATOR  
HEALTH PROFESSIONAL  
FACULTY MEMBER
14. Many college students are not sexually active. What percentage of UCSB students report abstaining from sexual intercourse? 1% 7% 22% 31%
15. Besides abstinence, what is the most effective method for protecting against unwanted pregnancies, STIs and HIV infection?

Fill in: \_\_\_\_\_

16. Please provide any additional comments on the presentation and/or the presenter(s) - suggestions and compliments.