

Sponsor Evaluation

Presentation Title _____ Date _____

Presenter(s) Name(s) _____ Your Group _____

Your Name _____ # in Attendance _____

- Program Requested: Alcohol and Other Drugs (STAR)
 Nutrition / Eating Disorder
 Sexual Health / Relationships

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. How easy was it to schedule this program? 1 2 3 4 5

14. Did this presentation meet your needs? If not, how could it be modified to make it better? Be specific.

15. Is there anything we didn't cover that you would like to see? Please list.

16. How did you advertise for this presentation? If posters were used, how many did you post and what did they say? (Attach sample if available)

17. Did you provide special snacks or other enticements for audience to attend? If so, what?

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