

**Area Funded Event
Survey Sheet Presenter Summary**

Workshop Name: _____ Workshop Date: _____

Facility: _____ Host: _____

1. Did your audience feel that this topic was relevant and important to their current clinical practice?

% _____	% _____	% _____	% _____	% _____
Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree

2. Did your audience feel that their learning expectations were met?

% _____	% _____	% _____	% _____	% _____
Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree

3. Did your audience feel that the workshop presenter was knowledgeable about this topic?

% _____	% _____	% _____	% _____	% _____
Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree

4. Did your audience feel the presenter provided a good learning experience?

% _____	% _____	% _____	% _____	% _____
Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree

5. Did your audience feel the method of presentation for the workshop (e.g. in-person presenter, videoconferencing) was comfortable and appropriate for this type of workshop?

% _____	% _____	% _____	% _____	% _____
Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree

Any additional comments that you wish you share: