



Date: _____

Session: _____

1. Overall this presentation met my expectations and provided me with information I can use.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Select the rating that best describes your experience with Dale.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
	1	2	3	4	5
Dale provided content that was useful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dale's presentation skills were engaging.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dale had relevant knowledge and expertise.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The handouts were useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The audio/visual aids were easy to hear/see.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. What is the best idea you heard in this session that you plan to use?

4. Any additional comments:

Optional:

Name: _____

e-mail: _____

Phone: (____) _____

Thank you for your feedback! Please give to Dale Spencer or email him at dale@dalespencer.com