

EVALUATION OF CONFERENCE/SEMINAR

This evaluation is to be completed by each individual who attended.
Please return to the Productive Living Board, 121 Hunter, Suite 200, St. Louis, MO 63124.

YOUR NAME: \_\_\_\_\_

ARE YOU: [ ] A CONSUMER\* [ ] AN AGENCY EMPLOYEE/ BOARD MEMBER

\* If consumer, please fill in the space marked "ADDRESS" & "CITY, STATE, ZIP"

ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

SPONSORING AGENCY: \_\_\_\_\_

CONFERENCE/ SEMINAR TITLE: \_\_\_\_\_

DATE(S): From: \_\_\_\_\_ To: \_\_\_\_\_

THE OVERALL QUALITY OF THE CONFERENCE/SEMINAR WAS: (Circle appropriate number)

Excellent 1 2 3 4 5 6 7 8 Poor

HOW MUCH DID YOU PERSONALLY GAIN FROM THIS SESSION? (Circle appropriate number)

Very Much 1 2 3 4 5 6 7 8 Very Little

WHAT POINTS OR IDEAS EXPRESSED WERE MOST HELPFUL?

\_\_\_\_\_
\_\_\_\_\_

WILL YOU BE ABLE TO APPLY THE INFORMATION? (Please check "yes" or "no") YES \_\_\_ NO \_\_\_

WHAT SPECIFIC INFORMATION OR SKILLS WILL YOU BE ABLE TO USE?

\_\_\_\_\_
\_\_\_\_\_

WHAT, IF ANYTHING, WOULD YOU CHANGE TO IMPROVE THE OVERALL CONFERENCE/ SEMINAR?

\_\_\_\_\_
\_\_\_\_\_

WHAT QUESTIONS DO YOU STILL HAVE?

\_\_\_\_\_
\_\_\_\_\_

WOULD YOU RECOMMEND THIS CONFERENCE/SEMINAR TO OTHERS? (Please check "yes" or "no") YES \_\_\_ NO \_\_\_

OTHER COMMENTS?

\_\_\_\_\_
\_\_\_\_\_