

## Concurrent Session Evaluation

Session Number: \_\_\_\_\_ Title: \_\_\_\_\_

Date/Time: \_\_\_\_\_ Presenter(s): \_\_\_\_\_

Please indicate the categories that most accurately reflect your education affiliation and job responsibility.

Education Affiliation:

- K-12
- Post-secondary
- Other

Job Responsibility:

- Teaching Faculty
- Administrator
- Technical Support Specialist
- Researcher
- Instructional Technologist

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Please take a moment to complete this evaluation form. Your feedback will provide valuable information that will help improve this presentation and the overall Technology Symposium in the future. Thank you for your input.

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### A. Overall Assessment

1. Overall, I thought the presentation was:

- 1.  Excellent
- 2.  Good
- 3.  Fair
- 4.  Poor

2. What did you like most about this presentation?

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3. What are your suggestions for improving this presentation?

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4. The strategies for supporting communication (interpreting, captions) were:

- 1.  Excellent
- 2.  Good
- 3.  Fair
- 4.  Poor

**B. Effectiveness**

Please indicate your level of agreement with each of the following statements.

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>Not Applicable</b>
1. This presentation met or exceeded my expectations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The information presented is useful and relevant to my needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The presenters are very knowledgeable on the topic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The presenters offered new and interesting information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The presenters effectively organized the information/materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The presenters' teaching style was clear and understandable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. The handouts and other written materials were helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I plan to implement the technologies/strategies I learned during this presentation at my worksite.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I plan to share what I learned from this presentation with my colleagues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide any additional comments.

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**Thank you very much for your feedback.**