

C.L.A.C.C. SPEAKERS DIRECTORY EVALUATION FORM

INSTRUCTIONS: Using the below scale circle the number alongside each statement that best describes your opinion. If you do not have an opinion leave that line blank.

Strongly Disagree	Disagree	Agree	Strongly Agree
1	2	3	4

TOPIC PRESENTED:

- | | | | | |
|---|---|---|---|---|
| 1. The topic was relevant to our interests. | 1 | 2 | 3 | 4 |
| 2. The purpose and the key points were clear. | 1 | 2 | 3 | 4 |
| 3. The ideas and information presented were seen as valuable. | 1 | 2 | 3 | 4 |

THE SPEAKER:

- | | | | | |
|--|---|---|---|---|
| 1. Acted in a professional manner. | 1 | 2 | 3 | 4 |
| 2. Was knowledgeable about the subject matter. | 1 | 2 | 3 | 4 |
| 3. Communicated in an understandable way. | 1 | 2 | 3 | 4 |
| 4. Was responsive to questions from the group. | 1 | 2 | 3 | 4 |
| 5. I would recommend this speaker to others. | 1 | 2 | 3 | 4 |

OVERALL EVALUATION:

- | | | | | |
|--|---|---|---|---|
| 1. I would recommend using the Speakers Directory to others. | 1 | 2 | 3 | 4 |
|--|---|---|---|---|

COMMENTS:

COMPLETED BY:

ORGANIZATION _____ PHONE _____

NAME _____ DATE _____

(Optional)

SPEAKERS NAME AND ORGANIZATION _____

DATE OF SPEECH _____

Thank you for taking the time to provide feedback about this speech. Your input will help us to provide speakers that meet your needs. Please fax the completed evaluation form to the Clear Lake Area Chamber of Commerce (281-488-8981).