

SEMINAR EVALUATION FORM

(THIS FORM SHOULD BE COMPLETED FOR EACH SPEAKER AND SUBMITTED TO THE LSAMP OFFICE WITHIN 2 HOURS AFTER THE SEMINAR – ONLY HANDWRITTEN COPIES WILL BE ACCEPTED)

1. Name: _____
2. Seminar Series: _____
3. Location of Seminar: _____
4. Speaker: _____
5. Speaker's Institution: _____
6. Title of Seminar: _____

Evaluate the speaker in each category using the 1 to 5 rating scale, with 5=Excellent, 4=Very Good, 3=Good, 2=Fair and 1=Poor. Please provide written comments in the section below.

<u>Category</u>	<u>Rating Scale (circle one)</u>				
1. Organization	1	2	3	4	5
2. Purpose	1	2	3	4	5
3. Closing	1	2	3	4	5
4. Slide Design	1	2	3	4	5
5. Presentation Skills	1	2	3	4	5
6. Timing	1	2	3	4	5
7. Technical content	1	2	3	4	5
8. Answering Questions	1	2	3	4	5

7. Hypothesis/Objectives of Research

8. Major Results/Findings of Research