

Guest Speaker Session Evaluation Form

Name

Email

Session Title

Speaker Name

How would you rate the overall presentation?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

How relevant was the content?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

How engaging was the speaker?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

What did you like most about the session?

Suggestions for improvement

Additional comments