

Speaker Meeting Evaluation Form

Date: _____

To receive our email newsletter and future meeting notices, please **plainly print** your Email Address exactly as it must appear in the following space: _____@_____

Your confidential feedback is a gift, and greatly appreciated. Please answer the following questions to help us better serve you. You may return this form to the meeting facilitator or leave it on one of the tables.

1. How would you describe yourself (individual with a disability, caregiver, family member, researcher, health care professional, advocate, etc.)? _____

2. Please rate the overall quality of the presenter(s). Excellent, Very Good, Fair, Poor
 - a. Did the presenter(s) use handouts? Yes No
 - b. If yes, how would you rate them? Excellent, Very Good, Fair, Poor
 - c. Would you be interested in learning more about the subject of this presentation? Yes No

3. Did you find the discussion or presentation relevant and useful? Yes No

4. Was the meeting (e.g. room, speaker information, handouts, etc.) accessible? Yes No
 - a. If not, please explain. _____

5. Did you have any problems attending the meeting? Yes No
 - a. If you had difficulty, please explain. (e.g. transportation, location, time, date etc.) _____

6. Do you plan to attend future meetings of this group? Yes No
 - a. Why or why not? _____

7. Please suggest a topic for a future meeting: _____

Please Circle the number next to the description that best fits your overall experience at this meeting.

Excellent	1
Very Good	2
Fair	3
Poor	4

If you are interested in volunteering your valuable time to this worthwhile effort, please contact John Pistorius at (412) 481-5482 or jp@pabia.org.

FEEL FREE TO WRITE ADDITIONAL COMMENTS ON THE BACK OF THIS FORM ? ? ?