



**Ti E-3**  
**PARTICIPANT PROGRAM EVALUATION**  
 DR. MARK A. KLAISNER, Executive Director  
 4413 Roosevelt Road – Suite 105  
 Hillside, Illinois 60162  
 Phone: 708 483-6062

**DISTRICT NAME:** \_\_\_\_\_

**DISTRICT NUMBER:** \_\_\_\_\_ **INSTITUTE DATE :** \_\_\_\_\_

**Please check the appropriate space:**

<input type="checkbox"/> Administrator Elem	<input type="checkbox"/> Teacher Elem	<input type="checkbox"/> Other Elem	
<input type="checkbox"/> Administrator Middle	<input type="checkbox"/> Teacher Middle	<input type="checkbox"/> Other Middle	
<input type="checkbox"/> Administrator Secondary	<input type="checkbox"/> Teacher Secondary	<input type="checkbox"/> Other Secondary	

In rating the speakers in the following areas, please circle the appropriate number: 5 being the highest, 1 the lowest.

<b>PRESENTER:</b>		Highest					Lowest
<b>TITLE OF PRESENTATION:</b>		5	4	3	2	1	
1.	<b>Knowledge of Subject</b>						
2.	<b>Clarity of presentation</b> (speaking style, personal mannerisms enthusiasm for topic)						
3.	<b>Organization of materials and topics.</b>						
4.	<b>Ability to maintain audience interest.</b>						
5.	<b>Check one:</b> <input type="checkbox"/> Large group <input type="checkbox"/> Small group						
<b>TOTAL # RESPONDENTS:</b> _____							

<b>PRESENTER:</b>		Highest					Lowest
<b>TITLE OF PRESENTATION:</b>		5	4	3	2	1	
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5.	<b>Check one:</b> <input type="checkbox"/> Large group <input type="checkbox"/> Small group						
<b>TOTAL # RESPONDENTS:</b> _____							
<b>Would you recommend this program to others?</b>		<input type="checkbox"/> YES		<input type="checkbox"/> NO			
<b>This program met my professional development needs?</b>		<input type="checkbox"/> YES		<input type="checkbox"/> NO			
<b>Comments:</b>							