



**Ti E-4**

**DISTRICT SUMMARY OF PROGRAM EVALUATION – FY17**

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 Hillside, Illinois 60162  
 Telephone: 708 483-6206

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

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

\_\_\_\_\_

\_\_\_\_\_

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

**PRESENTER:** \_\_\_\_\_

**TITLE OF PRESENTATION:** \_\_\_\_\_

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

		Highest				Lowest
		5	4	3	2	1
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<b>TITLE OF PRESENTATION:</b>						
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<b>5. Check one:</b>	<input type="checkbox"/> Large group	<input type="checkbox"/> Small group				
<b>TOTAL # RESPONDENTS:</b> _____						
<b>Name of person completing this form:</b>						
<b>Date:</b>	<b>Telephone #:</b> ( )					
<b>Comments:</b>						