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1996 POD CONFERENCE
Scaling the Heights



INDIVIDUAL SESSION EVALUATION

Please give as much feedback as you can to the presenter(s). This evaluation form will be collected as you leave this session. Thank you for your help.

TITLE OF SESSION: _____

NAME(S) OF PRESENTER(S): _____

On a scale of 5 (strongly agree) to 1 (strongly disagree), please give your reaction to the following statements:

		Strongly Agree					Strongly Disagree
1.	This session reflected the program description.	5	4	3	2	1	
2.	This session had fresh, significant perspectives related to its objectives.	5	4	3	2	1	
3.	The presentation/facilitation was skillfully done.	5	4	3	2	1	
4.	I had ample opportunity to ask questions and to contribute to the discussion.	5	4	3	2	1	
5.	The media used and/or the handouts and supplementary materials were appropriate and enhanced my learning in this session.	5	4	3	2	1	
6.	Overall, this presentation was rewarding.	5	4	3	2	1	

COMMENTS: