



Archdiocese of Cincinnati
Title IVA
Program/Event Evaluation

Event/Program Title: _____

Presenter: _____

Date: _____ Location: _____

Please circle the appropriate number.

| | <u>Excellent</u> | <u>Good</u> | <u>Average</u> | <u>Poor</u> |
|---|------------------|-------------|----------------|-------------|
| A. Were the objectives of this event/program clear? | 4 | 3 | 2 | 1 |
| B. To what extent were the objectives met? | 4 | 3 | 2 | 1 |
| C. Was the presentation clear and easy to follow? | 4 | 3 | 2 | 1 |
| D. Did the presenter engage the audience? | 4 | 3 | 2 | 1 |

1. What was most useful about this event/program?

2. How could this event/program have been improved?

3. Comments:

Name _____ School _____

City _____

*Please return to: Archdiocese of Cincinnati
Attn: Linda Thompson
100 E. Eighth Street,
Cincinnati, Ohio 45202
Thank-you!*