

Leader Evaluation

ID Number:
(KSU Use only)



(An evaluation for leaders of the program to fill out regarding the program content and structure)

Date of Program: _____

Program County: _____

of participants: _____

Fashion an Easier Lifestyle with Assistive Technology

*Please complete this evaluation and return to:
Debra Sellers, Kansas State University, 343 Justin Hall, Manhattan, KS 66506-1411*

1. How would you rate each of the following categories for the program? Please check the appropriate box.

	Extremely Poor	Below Average	Average	Above Average	Excellent
Topic importance					
Information accuracy					
Level of information presented					
Teaching methods used					
Presentation pace					
Audience involvement opportunities					
Organization of content					
Usefulness of activities					
Choice of devices presented					
Toolkit quality					
Handout quality					
PowerPoint quality					
Ease of use					
Participant value received					
Overall					

2. For ratings of extremely poor or below average, please tell us what we could do better.

3. What do you feel was most helpful about this program?

4. What do you feel was the least helpful?

5. Would you recommend this program to others? Yes No

6. If no, please tell us why.

Thank you for completing this form!