

# Seminar Evaluation

**CONTENT:** Please circle the number that describes your opinion.

**1. Not at all   2. To a small extent   3. To a moderate extent   4. To a great extent   5. Very much**

To what extent did the seminar meet your objectives?	1	2	3	4	5
How well did the seminar match the description?	1	2	3	4	5
How applicable is this seminar content to your life?	1	2	3	4	5
How would you rate the overall pace of the seminar?	1	2	3	4	5
How useful were the handouts?	1	2	3	4	5

**Comments** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SEMINAR LEADER:** Please circle the number that describes your opinion.

**1. Poor   2. Below average   3. Average   4. Above average   5. Excellent**

Leader's presentation style of the material was	1	2	3	4	5
The leader's knowledge of the subject was	1	2	3	4	5
The organization of the material was	1	2	3	4	5
Ability to stimulate group participation	1	2	3	4	5

**Comments** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What additional resources would help you in your personal & professional life?**

\_\_\_\_\_  
\_\_\_\_\_

**Would you like to learn more about upcoming seminars or teleclasses?**

☐ Yes   ☐ No

**What other topics are of interest to you?**

\_\_\_\_\_  
\_\_\_\_\_

**Would you like to schedule a complimentary coaching session? If yes, what is the best time to call you?**

\_\_\_\_\_

Send me a complimentary copy of Our Place FREE Ezine (On-line Newsletter) Print your email address here: \_\_\_\_\_

**DO YOU BELONG TO A GROUP OR ASSOCIATION LOOKING FOR A SPEAKER? IF YES, COMPLETE AS MUCH OF THE FOLLOWING INFORMATION AS POSSIBLE.**

**Name of Group** \_\_\_\_\_ **Date Speaker Needed** \_\_\_\_\_

**Subject** \_\_\_\_\_ **Contact** \_\_\_\_\_

**Contact Information** \_\_\_\_\_

**What was the BEST, usable IDEA you gained from today's program? How do you plan to use the information? What do you wish there had been more time for?**

\_\_\_\_\_  
\_\_\_\_\_

**May I quote you?** ☐ Yes! ☐ No

**PLEASE FILL OUT THIS INFORMATION TO BE PLACED ON OUR MAILING LIST AND TO FIND OUT ABOUT UPCOMING WORKSHOPS.**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Please Print e-Mail** \_\_\_\_\_

**Company/Profession** \_\_\_\_\_

\_\_\_\_\_

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