**SPEAKERS EVALUATION FORM**

|  |  |
| --- | --- |
| Speakers Name |  |
| Presentation |  |
| WI |  |
| Date |  |

Please select the response that best reflects your opinion about this Presentation

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Excellent | Good | Fair | Poor | N/A |
| Speakers’ knowledge of subject |  |  |  |  |  |
| Speakers’ delivery of presentation |  |  |  |  |  |
| Quality/use of visual aids |  |  |  |  |  |
| Ability to answer questions |  |  |  |  |  |
| Value for money |  |  |  |  |  |
| Overall the presentation was |  |  |  |  |  |

Comments

|  |
| --- |
|  |

**THANK YOU! YOUR FEEDBACK IS IMPORTANT TO US.**

*Please return form to*

West Kent Federation of Women’s Institutes

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or

FedSec@wkfwi.org.uk