

**PROGRAM EVALUATION**

Program Title:

Location:

Date:

**Please rate the following:**

	<b>POOR</b>				<b>EXCELLENT</b>
Speaker	1	2	3	4	5
Session Handout(s)	1	2	3	4	5
Overall Event	1	2	3	4	5
Networking Opportunity	1	2	3	4	5

Please give suggestions on how we can incorporate a better networking opportunity into NPCOS sessions.

---

---

---

Stated objectives were met.	True	False
Event topics were worthwhile and relevant to your needs.	True	False
Program materials were accurate / contributed to learning.	True	False
Facilities were appropriate.	True	False
Time allotted was appropriate	True	False

1. Please indicate which part of this program was **most** beneficial to you.

---

---

2. Please share other comments or suggestions on what to **improve** these sessions.

---

---

3. Please list any topics you would like to see at future events:

---

---

4. Do you anticipate attending future sessions? \_\_\_\_\_ Yes \_\_\_\_\_ No

Comments:

---

---

**Optional:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

E-mail: \_\_\_\_\_

