Scrubs Camp Presenter’s Evaluation

Please complete and return to Kylie Nissen, e-mail: kylie.nissen@med.und.edu fax: 701-777-6779 or mail: Center for Rural Health, 501 N Columbia Rd. Stop 9037; Grand Forks, ND 58202-9037

Camp Location: ____________________________

Presentation topic: __________________________________________

Please rate the overall participation of the students:

_____ Excellent _____ Good _____ Fair _____ Poor

Evaluate the success of your presentation in terms of the following:
(a) My presentation was easily adapted to the age/grade of the students.

_____ Yes _____ No

(b) The content of my presentation was effectively conveyed to the students.

_____ Yes _____ No

(c) My presentation was adequately interactive.

_____ Yes _____ No

(d) How much time did you have for your session? _________

Was this? _______ too long _______ too short ______ just right

Comment/suggestions:

(e) How many students were in a typical group you presented to? _______

Was this? _______ too large _______ too small _______ just right for interaction

Comment/suggestions:

Event coordination by the lead organization (e.g. school, college, health care facility):
(f) Do you feel the event was adequately promoted to the students?

_____ Yes _____ No _____ Unsure

Comment/suggestions:

(g) Was the overall event organized?

_____ Yes _____ No _____ Unsure

Comment/suggestions:

(h) Were your technical needs met?

_____ Yes _____ No _____ Unsure _____ NA

Comment/suggestions:

Comment [NK1]: This should be completed with your information – do not have them send directly to the CRH.
(i) Did the organizers clearly communicate the necessary details about your presentation (e.g. expectations, time, location, size of group, age of students, etc.)?
   _____Yes   _____No   _____Unsure
   Comment/suggestions:

(j) Did you receive the Speaker Q&A document, or other resources, with ideas for interactive activities?
   _____Yes   _____No   _____Unsure
   Comment/suggestions:

(k) Would you volunteer again for similar activity?
   _____Yes   _____No   _____Unsure
   Comment:

(l) Would you do anything different next time?

Please add any comments, suggestions that will be helpful for future presenters and/or to the organizers.

Thank you for your participation and feedback.