

Presentation Feedback Form

1. Was the topic presented appropriate for your clinical site?

Strongly Agree ___ Agree ___ Neutral ___ Disagree ___ Strongly Disagree ___

Comment:

2. Was the information presented in an organized manner (PowerPoint/handouts/other materials)?

Strongly Agree ___ Agree ___ Neutral ___ Disagree ___ Strongly Disagree ___

Comment:

3. Did you find the information helpful to you and your clinical site?

Strongly Agree ___ Agree ___ Neutral ___ Disagree ___ Strongly Disagree ___

Comment:

4. Were the objectives clearly stated and sufficiently met by the presenter?

Strongly Agree ___ Agree ___ Neutral ___ Disagree ___ Strongly Disagree ___

Comment:

5. Do you feel you could apply the information you learned from this presentation to your patient population?

Strongly Agree ___ Agree ___ Neutral ___ Disagree ___ Strongly Disagree ___

Comment:

Additional Comments/Feedback (i.e. presentation skills, areas for improvement, additional information you wished had been discussed or need further explanation, etc.):

Thank you for taking the time to complete this feedback survey!

*Cassandra Short, SPT
UNC DPT 2013*