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Fax Completed Form to 724-631-0120 attn Jean, or e-mail form back to jean@ncef.net

NCEF EVENT EVALUATION FORM

Name of School/Organization: _____

Name of Individual Completing Evaluation: _____

Your Title/Position: _____

Speaker's Name: _____ Date Of Assembly: _____

Assembly/Event Location: _____

Overall Evaluation:

Program and Speaker:	Poor					Excellent
Was Relevant For Our Students:	1	2	3	4	5	Unknown
Speaker was prompt:	1	2	3	4	5	Unknown
Speaker Connected With Group:	1	2	3	4	5	Unknown
Met our Expectations:	1	2	3	4	5	Unknown
Speaker was Enthusiastic:	1	2	3	4	5	Unknown
Speaking Skills:	1	2	3	4	5	Unknown
Date/Time of Week Was Convenient:	1	2	3	4	5	N/A

Materials Received From NCEF

Had Adequate Information:	1	2	3	4	5	N/A
Quality:	1	2	3	4	5	N/A
Clarity:	1	2	3	4	5	N/A

Any additional comments that you would like to make: _____

I would be willing to write a letter of support for the NCEF and their programs: Yes No
 If Yes, my e-mail address is: _____

Thank you for taking the time to complete this evaluation!