



South Cook Intermediate Service Center

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 www.s-cook.org
 TI-E-4

DISTRICT SUMMARY OF PROGRAM EVALUATION

Email completed form to: institute@s-cook.org or Fax to: (708) 754-8687

DISTRICT NAME: _____

DISTRICT NUMBER: _____ **DATE OF INSTITUTE (mm/dd/yy):** _____

In summarizing the ratings of the presentation in the following areas, please indicate the number of respondents for each evaluation in the appropriate box, 5 being the highest, 1 the lowest.

PRESENTER: _____
TITLE OF PRESENTATION: _____
TOTAL NUMBER OF RESPONDENTS: _____

		5	4	3	2	1
1.	Knowledge of subject					
2.	Clarity of presentation (speaking style, personal mannerisms, enthusiasm)					
3.	Organization of materials and topics					
4.	Ability to maintain audience interest					
5.	Mark one: Large Group Small Group					

The above program met district needs:	YES	NO
Comments:		

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Name of person completing form: _____
Date: _____ **Phone:** _____