Date: _____ **Location (of this presentation):**_____

Presenter: _____ **County:** _____

Your (Presenter's) Organization: _____ **Job Title:** _____

Number of Persons Attending this Presentation:_____

What type of group did you show this presentation to?_____

SHOW-TO-GO PRESENTATION: Presenter Feedback Sheet

1. Before this, how many times have you used Show-To-Go? _____

2. What was your goal/purpose for using the presentation with this group?

3. Do you think that goal was achieved? Any examples you can share that demonstrate that?

4. How did you introduce the topic/presentation?

5. Did the group you showed the presentation to:

   a. Seem to enjoy it? Pay attention?

   b. Understand the relevance of this topic?

6. . Was the presentation:

___ too long ___ about right ___ too short

___ too difficult (level was too high) ___ about right ___ too simple

7. What types of questions did your group ask during and after the presentation? Were you able to answer them adequately?

8. What do you consider the "take-home" message of this presentation?

9. What tips do you have for others that use will use this presentation?

Fax or send this completed Presenter Feedback Sheet to either:

Julie Sielawa
YMCACommunity Outreach Director
730 Forest Hill SE
Grand Rapids, MI 49546
FAX: 616 285-5320

Kandi Lannen
Kent County Health Dept.
700 Fuller NE
Grand Rapids, MI 49503
FAX: 616 632-6898

***Mail completed Audience Feedback Sheets to either of the above.**