**Session Evaluation**

Event

Insert Location

Insert Dates

Presenter(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Session Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name to verify attendance:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**10** being outstanding and **1** unsatisfactory

1. Effectiveness/efficiency of presentation 10 9 8 7 6 5 4 3 2 1
2. Knowledge of presenter(s) 10 9 8 7 6 5 4 3 2 1
3. Opportunity for questions/discussion 10 9 8 7 6 5 4 3 2 1
4. Usefulness of material 10 9 8 7 6 5 4 3 2 1

**To receive NIRSA CEUs associated with this Educational Session, please complete questions 5-8.**

 **As a result of this session, my ability to meet:**

1. Learning Objective #1 is 10 9 8 7 6 5 4 3 2 1
2. Learning Objective #2 is 10 9 8 7 6 5 4 3 2 1
3. Learning Objective #3 is 10 9 8 7 6 5 4 3 2 1
4. Appropriateness of Learning Objective(s) 10 9 8 7 6 5 4 3 2 1

Please list any comments and/or any basic topic areas you would like presented at future sessions.