

NATIONAL STUDENT SPEECH LANGUAGE HEARING ASSOCIATION EVALUATION FORM

Please help us in evaluating this event. The results will be measured and used in the consideration and planning of future projects.

Check one: Student Faculty Professional Other

1. Please rate your impressions of this event on a scale of 1 to 5.

	1—Excellent	2—Good	3—Adequate	4—Fair	5—Poor
Program/project Scheduling	1	2	3	4	5
Program/project Theme	1	2	3	4	5
Length of Individual Sessions	1	2	3	4	5
Subject of Individual Presentations	1	2	3	4	5
Variety of Presentations	1	2	3	4	5
Administration (Registration, scheduling, etc.)	1	2	3	4	5
Facilities/Location (Hotel and banquet)	1	2	3	4	5
OVERALL STAISFACTION	1	2	3	4	5

2. Please indicate those sessions you found the most valuable:

3. What was the highlight of the program/project?

4. How would you improve this event in the future?

5. Comments: