**EXAMPLE OF FEEDBACK DELEGATE FORM**

**Please evaluate each of today’s presenters using the criteria below and using a scale of 1 to 4.**

 **1= Less than satisfactory, 2= Satisfactory 3 = Good, 4= Very good**

|  |  |  |  |
| --- | --- | --- | --- |
|  | ***Title of presentation******Name of presenter*** | ***Title of presentation******Name of presenter*** | ***Title of presentation******Name of presenter*** |
| 1. **Level of details covered**
 |  |  |  |
| 1. **Presenter’s delivery**
 |  |  |  |
| 1. **Presenter’s response to questions**
 |  |  |  |
| 1. **Presenter’s timekeeping**
 |  |  |  |
| 1. **Hand-outs and other material used**
 |  |  |  |
| 1. **Relevance to your personal CPD**
 |  |  |  |
| **Please add any comments about anything that would have made the presentation better:** |  |  |  |
| **Please add any other general comments:** |  |  |  |
| **Did the event confirm that your current knowledge is up-to-date?** |  |  |  |
| **What impact will the event have on your future practice?** |  |  |  |
| **What would you change to this event?** |  |  |  |