

LongsPeakNet Program Evaluation Form

Date: _____ Topic/Speaker: _____

Rate on Scale of 1 – 5: 1 = Not at all 5 = Extremely

(fill in circle)

- 1. How relevant was the presentation topic to your needs? ① ② ③ ④ ⑤
- 2. How effective was the presenter in delivering the presentation? ① ② ③ ④ ⑤
- 3. Based on this program, how highly would you recommend LongsPeakNet to another jobseeker? ① ② ③ ④ ⑤
- 4. What was most beneficial about today’s program?

5. What could improve today’s program?

- 6. (optional) Use the back to give feedback to the Programs Committee.
 - What other topics would you like to see during the presentation time?
 - Comments about the business meeting.
 - Other comments about use of the meeting time.
 (include your name if you want us to get back to you about a comment or question you have)

LongsPeakNet Program Evaluation Form

Date: _____ Topic/Speaker: _____

Rate on Scale of 1 – 5: 1 = Not at all 5 = Extremely

(fill in circle)

- 1. How relevant was the presentation topic to your needs? ① ② ③ ④ ⑤
- 2. How effective was the presenter in delivering the presentation? ① ② ③ ④ ⑤
- 3. Based on this program, how highly would you recommend LongsPeakNet to another jobseeker? ① ② ③ ④ ⑤
- 4. What was most beneficial about today’s program?

5. What could improve today’s program?

- 6. (optional) Use the back to give feedback to the Programs Committee.
 - What other topics would you like to see during the presentation time?
 - Comments about the business meeting.
 - Other comments about use of the meeting time.
 (include your name if you want us to get back to you about a comment or question you have)