



EDUCATIONAL OUTREACH PROGRAM
Evaluation Form

Company: _____

Date: _____ Time: _____

School: _____

Class Subject(s): _____

Teacher's Name: _____

Title of Presentation: _____

Number of Students: _____ Length of Presentation: _____

Presentation Format: (Check all that apply)

- () Lecture
- () Video/Film
- () Experiment (describe): _____
- () Interactive (describe): _____
- () Other: _____

Presentation was: (circle one)

0	1	2	3	5	6	7	8	9	10
too short				just right					too long

0	1	2	3	5	6	7	8	9	10
not informative				informative/interesting					too technical

Recommendations/Comments: _____

