INDIVIDUAL SPEAKER EVALUATION	(Complete d	one sectio	on for ea	ch timefr	ame you a	attend.)		
Society SOPHE Multiple Ex Public Health in the		Provider N	umber DC					
Participant's name								
Participant's email								
CHES or MCHES #								
1=strongly disagree, 2=disag	ree, 3=neuti	al or NA, 4	1=agree,	5=strongl	y agree			
Date and Time of Session:		Length of Presentation:						
Session title:		Speake	r:					
		1	2	3	4	5		
Had knowledge of subject matter								
Was organized/had a clear presentation								
Provided useful information								
Speaker/participant interaction was approp	oriate							
Used audio/visual aids well								
Provided useful resources/materials								
Uses allotted time well								
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