INDIVIDUAL SPEAKER EVALUATION	(Complete o	one sectio	on for ea	ch timefra	ame you a	attend.)	
Society SOPHE Multiple Ev Public Health in the		Provider N	umber DC				
Participant's name							
Participant's email							
CHES® or MCHES® #							
1=strongly disagree, 2=disag	ree, 3=neut	ral or NA, 4	4=agree,	5=strongly	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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