



## AAUW CA Branch Resource Connection Event

### Speaker Evaluation

Event Date: \_\_\_\_\_ Your Name: \_\_\_\_\_

Branch/IBC: \_\_\_\_\_ Topic: \_\_\_\_\_

Attendance: \_\_\_\_\_

1. Rate the support that the Branch/IBC provided prior to the visit.

☐ Outstanding ☐ Great ☐ Good ☐ Poor

2. Rate the Branch/IBC engagement in the presentation.

☐ Outstanding ☐ Great ☐ Good ☐ Poor

3. Rate the length of time allocated to the presentation.

☐ Outstanding ☐ Great ☐ Good ☐ Poor

4. Overall opinion of the experience.

☐ Outstanding ☐ Great ☐ Good ☐ Poor

Suggestions for improvement:

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Additional comments:

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I provided handout masters to the Branch for duplication: ☐ YES ☐ NO

I submitted a reimbursement form to the event coordinator: ☐ YES ☐ NO

*Send completed evaluation forms to:*

1. By email to: [resource@aauw-ca.org](mailto:resource@aauw-ca.org) (preferred)

2. By paper mail: 1331 Garden Highway • Suite 100 • Sacramento • CA • 95833

*Revised: January 2018*