

Leader-on-Loan Program

Speaker Evaluation

Event Date: _		Your Name:				
Branch/IBC:			Topic:			
At	tendance:	:				
1.	Rate the support that the Branch/IBC provided prior to the visit.					
		☐ Outstanding	☐ Great	\square Good	☐ Poor	
2.	Rate the Branch/IBC engagement in the presentation.					
		☐ Outstanding	☐ Great	\square Good	☐ Poor	
3. Rate the length of time allocated to the presentation.						
		☐ Outstanding	☐ Great	\square Good	☐ Poor	
4.	Overall c					
		☐ Outstanding	☐ Great	\square Good	☐ Poor	
Sı	uggestions	s for improvement:				
_						
Α	dditional d	comments:				
		andout masters to the a reimbursement form				

Send completed evaluation forms and reimbursement forms to the Leader-on-Loan Coordinator:

- By email to AAUW California Office at: leaderonloan@aauw-ca.org. (preferred)
- By paper mail: Attention: Leader-on-Loan Coordinator
 1331 Garden Highway Suite 100 Sacramento CA 95833