



Teacher Speaker Evaluation

Thank you for your active participation in today's career-based event!
We're interested in your feedback.

School Name _____

Your Name _____

Speaker Name _____ Business _____

Was this career-related experience worth the time away from class?

- Yes
- No
- Comment _____

Did the speaker help you meet your curriculum goals for the students?

- Yes
- No
- Comment _____

Did the speaker keep the students' interest and involve the students in the presentation?

- Yes
- No
- Comments _____

Was the speaker age-appropriate for your group?

- Yes
- No
- Comment _____

Would you recommend this speaker to present again in the future?

- Yes
- No
- Comment _____

Please let us know what you liked and what you would like to see changed.
