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?

 o Yes
 o No
 o Comment ____________________________

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

 o Yes
 o No
 o Comment ____________________________

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

 o Yes
 o No
 o Comments ____________________________

Was the speaker age-appropriate for your group?

 o Yes
 o No
 o Comment ____________________________

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

 o Yes
 o No
 o Comment ____________________________

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

________________________________________________________________________
________________________________________________________________________

Return to: Workplace Learning Connection ■ 1030 5th Ave SE ■ Suite 2700 ■ Cedar Rapids, Iowa 52403