Bullying.org Peer Power Bullying Awareness Week Presentation Evaluation

Presenters’ School Name: ______________________________________________________

Presenters’ School Contact Info. _______________________________________________

Host School Name: ____________________________________________________________

Host School Contact Info: ______________________________________________________

Date: November _______________________________________________________________

Please use the following rating scale below:
1) Disagree strongly 2) Disagree 3) No Opinion 4) Agree 5) Agree Strongly

Preparation / Organization:

Were the presenters well prepared? 1 2 3 4 5
Were the objectives of the presentation clearly communicated? 1 2 3 4 5
Was the information well organized? 1 2 3 4 5

Delivery:

Could you hear and see the presenters clearly? 1 2 3 4 5
Did they maintain eye contact with the audience? 1 2 3 4 5
Did they have the audience’s attention? 1 2 3 4 5
Did they use media effectively to support their points and ideas? 1 2 3 4 5

Attainment of Purpose:

Did they effectively communicate their knowledge of the topic? 1 2 3 4 5
Did they make you think about things that you had not before? 1 2 3 4 5
Have you been inspired to act because of this presentation? 1 2 3 4 5

Recommendation:

Would you recommend these presenters to others? 1 2 3 4 5

Overall Rating: (1 = lowest, 5 = highest) 1 2 3 4 5

Other Comments:
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