



SAMPLE ERA PROGRAM EVALUATION FORM

Program Title — Date — Location

Please complete and fax back this form BY DATE to (number).

1. What were your expectations coming into this program?

2. Were your expectations met? Yes No If no, why not?

3. What changes could have made this program stronger and more effective?

4. Please rate the program components on a scale from 1 to 5 with **5 being the highest** and **1 the lowest**. Check your rating for each component:

Speaker: (insert name)	___ 1	___ 2	___ 3	___ 4	___ 5
Content	___ 1	___ 2	___ 3	___ 4	___ 5
Handout Materials	___ 1	___ 2	___ 3	___ 4	___ 5

5. On what topics would you like to see ERA sponsor future programs or seminars?

Providing your personal information is optional.

Your Name _____

Company _____

Phone _____ Fax _____

ERA thanks you for your assistance! Please fax or e-mail this form BY DATE to (number).