

Teacher/Principal/Parent Presentation Evaluation Form

Thank you so much for the opportunity to present to your students! We would so appreciate if you would take a few minutes to complete this evaluation form.

Which presentation did you see? Which grade?

1. Please rank: overall presentation (1 is worst, 10 is best)

1      2      3      4      5      6      7      8      9      10

Comments: What worked? What would you do differently? What did you learn?

2. Fetal Development/Ultrasound Presentation:

1      2      3      4      5      6      7      8      9      10

Comments: What worked? What would you do differently? What did you learn?

3. Main speaker story (insert name):

1      2      3      4      5      6      7      8      9      10

Comments: What worked? What would you do differently? What stuck with you most?

(over)



4. For teachers: Would you recommend this presentation to others? If yes, would you be willing to be put on our reference list for schools to contact if interested? If so, please provide name, phone number, and email here.

Would you be willing to write a short testimony here that we can share with others?

