

SHIBA presenter feedback form

Presenter, please tell us what worked and what did not work with this presentation and how we can improve it for future use.

1.	Name of presentation:
2.	Your name:Your phone number: ()
3.	Did the presentation flow well? Yes No
	If no, please tell us why it did not and how we could improve it:
4	Was the audience satisfied with the information you presented?
	Did the presentation take longer than you thought? Yes No
	How long did it take? minutes
6.	Was any information incorrect? Yes No If yes, please attach and send us a marked-up presentation or publication.
7.	Was any information missing? Yes
	If yes, please tell us what we need to include:
8.	Is there a tool or publication missing that you need? Yes D No If yes, please tell us what you need:
Ple	ease return your comments to: Donna Wells SHIBA Communications Coordinator P.O. Box 40255 Olympia WA 98504-0255