



Speaker Evaluation

Name _____

Phone _____

Address _____

City _____ State _____ Zip _____

Host _____

Number Attended _____

1. In your opinion, how did your Christmas Gatherings go?

2. Were your expectations for the Gathering met?
What was positive?

What would you have done differently?

3. What part of the speakers' training was especially helpful to you?

What part of the training was helpful for you?

4. Did you feel comfortable with your host?

5. Was speaking a positive experience for you?
Would you be interested in being involved in Christmas Gatherings next year?

6. Did you use comment cards?
Will you be helping your host with follow-up?

7. Do you know others who might be interested in speaking or hosting Gatherings in the future?

Please mail to:

Name _____

Phone _____

Address _____

City _____ State _____ Zip _____