

MANDALA HOLISTIC HEALTH

CONFERENCE/WORKSHOP EVALUATION FORM

PRESENTER'S NAME Cosmic Cheerleader DATE 8-31-93

TOPIC _____

To help us determine how beneficial this presentation has been, please check the boxes that best represent your feelings and add any comments you think would be helpful in the space provided. We will use this evaluation information to maintain and improve quality.

	EXCELLENT (in almost all respects)	GOOD (can be improved in some ways)	FAIR (can definitely be improved)	POOR (needs great improvement)
Practical nature of information to be applied to my work/personal growth	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization of presentation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presenter's knowledge of subject matter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to communicate concepts clearly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to encourage class participation and experiential learning	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall reaction to presentation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

This young man warms the heart and gives enough inspiration to last a life time

Are you a health care professional? Yes No Profession Student (PhD psychology)

Have you learned methods/skills that you can effectively use in your practice? _____

Suggestions for future conferences: (Presenters/Topics):

Suggestions for future workshops: (Presenters/Topics):

The Cosmic Cheerleader (don't know his name) should have a full workshop

Use back of this sheet for additional remarks.

Registrant's Name (optional) Shree Raark