

EVALUATION FORM

Please take a few minutes to complete the brief questionnaire below and return it to the presenter. Your feedback is important to us.

INSTRUCTIONS:

Read the first five statements below and indicate to what degree you either agree or disagree with it by *circling* the answer that best matches your opinion. For the remaining questions, please write your responses.

1. The information in the presentation was easy to understand.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

2. The information was interesting and relevant to me.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

3. There was an appropriate amount of information presented.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

4. I have a greater understanding of low vision and vision rehabilitation.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

5. The sample questions to ask my eye care professional were helpful for me.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

6. What did you like best about this presentation?

7. What about this presentation could be improved?

8. What other eye health topics would you like to learn about?

9. Please provide any additional comments or suggestions.