

NASP 20XX Conference

Location Date

Conference Evaluation

Thank you for taking a few minutes to complete this evaluation. Your input is valued, and we will use it to make the next conference even better. Please fill out this form and leave at the Registration desk.

Program: _____ **Education level:** _____

Position: _____ **Years inTRiO:** _____

Conference Information:

	Excellent	Good	Fair	Poor	N/A
1. Call for Proposals/Presenters					
2. Printed Registration Materials.....					
3. Award Nomination Materials.....					
4. Program Ads/Information.....					
5. Transportation Information					
6. Registration Fees					
7. Web Site Information.....					

On-Site Services:

	Excellent	Good	Fair	Poor	N/A
1. Registration/Check-in.....					
2. Conference packet.....					
3. Program/Agenda.....					
4. Information Desk/Message Board.....					
5. Hospitality.....					

Facilities and Services:

	Excellent	Good	Fair	Poor	N/A
1. Hotel Registration.....					
2. Hotel Costs.....					
3. Guest Rooms.....					
4. Conference Meals.....					
5. Hotel Services/Personnel.....					
6. Meeting/Banquet Rooms.....					
7. Provisions for Disabled.....					

Conference Features:

	Excellent	Good	Fair	Poor	N/A
1. Pre-conference: morning.....					
2. Pre-conference: afternoon.....					
3. Reception.....					
4. Sunday Opening Keynote:					
5. Monday Keynote:					
6. NASP Business Meeting....					

7. State Association Meetings.....					
8. Silent Auction.....					
9. FON Banquet/Dance.....					
10. Plenary/COE Update					
11. Newcomers Orientation.....					
12. Achiever's Luncheon.....					

Workshop/Speakers:

	Excellent	Good	Fair	Poor	N/A
1. Information to use on the Job.....					
2. Materials to use on the Job.....					
3. Variety of sessions.....					
4. Time length of concurrent sessions					
5. Relevant to current issues.....					
6. Relevant to TRIO					

What did you like the most about this conference? _____

What did you like the least about this conference? How could it have been improved?

Please make suggestions for future conferences (speakers, topics, themes). _____

Please place return this form to the Registration Desk or mail to

NASP
Workshop Evaluation Form Date: _____

Workshop Title: _____ Presenter(s): _____

For each of the following areas, please indicate your reaction:

Content	Excellent	Good	Needs Improvement	Not Applicable
Covered Useful Material	{ }	{ }	{ }	{ }
Practical to My Needs/Interest	{ }	{ }	{ }	{ }
Well organized	{ }	{ }	{ }	{ }
Presented at Right level	{ }	{ }	{ }	{ }
Useful Aids/Handouts	{ }	{ }	{ }	{ }

Presentation

Presenter's Knowledge	{ }	{ }	{ }	{ }
Presenter's Style	{ }	{ }	{ }	{ }
Covered Material Clearly	{ }	{ }	{ }	{ }
Responded to Questions Well	{ }	{ }	{ }	{ }

What information did you find useful/helpful ?

What change(s) would you recommend, if any? Other Comments

Overall evaluation

Excellent	Good	Fair	Poor
{ }	{ }	{ }	{ }