



SPEAKER PERFORMANCE REVIEW

EVENT INFORMATION

Organization Name: _____ Your Name (Optional): _____
 Date: _____

REVIEW GUIDELINES

Complete this review, using the following scale:

- NA** = *Not Applicable*
- 1** = *Unsatisfactory*
- 2** = *Marginal*
- 3** = *Meets Requirements*
- 4** = *Exceeds Requirements*
- 5** = *Exceptional*

EVALUATION

	(5) = Exceptional	(4) = Exceeds Requirements	(3) = Meets Requirements	(2) = Marginal	(1) = Unsatisfactory
Prior to the workshop, the speaker provided all necessary information in a professional manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prior to the workshop, the speaker had a detailed understanding of your goals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Before the workshop, did the speaker make an effort to connect one on one with participants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the workshop, the speaker made a connection by eye contact and caring attitude?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the workshop, the speaker encouraged participants by offering positive feedback?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the speaker use the appropriate voice volume?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the speaker speak in a conversational manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the speaker leave participants inspired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the participants feel empowered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Could participants clearly see the speaker at all times?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Could participants clearly see all graphics and slides?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the participants find value in research findings, quotes, and stories?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Before and after the workshop, the speaker quickly answered emails and phone calls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you recommend this speaker to another organization? Why, or why not?

Would you be interested in holding another workshop?

Would you recommend this workshop to another organization? Why, or why not?

What additions or changes to the workshop would you recommend?

Do you know of any organizations who would be interested in this workshop? If so, please include name and phone number to use you as a reference.

Would you like to write a short testimonial of the speaker/workshop for a press release, website, and/or another outlet for Embrace Today Concepts?

Additional Comments:

Please send to info@EmbraceTodayConcepts.com or fax to 602-445-6424.

Thank you!