



Presenter Evaluation

We value your assessment of the Healthy Eyes Educational Series. Please take time to help Prevent Blindness America evaluate our Healthy Eyes Educational Series by providing information on how you used the program as well as feedback on the materials.

Name: _____

Company/Organization: _____

Phone #: _____

Circle one: WORK / HOME

Email: _____

How many presentations have you given: _____

How many people have participated in your presentations: _____

What were the target audiences for your presentations: _____

Do you plan to continue to present the Healthy Eyes presentations? Yes No

Which modules have you presented? Check each that apply:

- | | | |
|--|--|--|
| <input type="checkbox"/> Eye Anatomy | <input type="checkbox"/> Refractive Errors | <input type="checkbox"/> Contact Lens Safety |
| <input type="checkbox"/> Adult Eye Disorders | <input type="checkbox"/> Low Vision | <input type="checkbox"/> Home Safety |
| <input type="checkbox"/> Workplace Safety | <input type="checkbox"/> Sports Safety | <input type="checkbox"/> Healthy Living |

Please rate the course components for each module that you presented on a scale of one to five, with five being the most favorable score.

Least Favorable ⇒ Most Favorable

Module 1: Eye Anatomy

1. How well did the presentation cover the topic? 1 2 3 4 5

2. How effective was the Presenter Guide as an outline or script for the information to be presented? 1 2 3 4 5

- | | | | | | | |
|-------|--|---|---|---|---|---|
| 3. | Please rate the Power Point presentation. | 1 | 2 | 3 | 4 | 5 |
| <hr/> | | | | | | |
| 4. | Please rate the handouts. | 1 | 2 | 3 | 4 | 5 |
| <hr/> | | | | | | |
| 5. | What was the average rating this module received by your audience(s) | 1 | 2 | 3 | 4 | 5 |
| <hr/> | | | | | | |

Module 2: Refractive Error

- | | | | | | | |
|-------|--|---|---|---|---|---|
| 1. | How well did the presentation cover the topic? | 1 | 2 | 3 | 4 | 5 |
| <hr/> | | | | | | |
| 2. | How effective was the Presenter Guide as an outline or script for the information to be presented? | 1 | 2 | 3 | 4 | 5 |
| <hr/> | | | | | | |
| 3. | Please rate the Power Point presentation. | 1 | 2 | 3 | 4 | 5 |
| <hr/> | | | | | | |
| 4. | Please rate the handouts. | 1 | 2 | 3 | 4 | 5 |
| <hr/> | | | | | | |
| 5. | What was the average rating this module received by your audience(s) | 1 | 2 | 3 | 4 | 5 |
| <hr/> | | | | | | |

Module 3: Contact Lens Safety

- | | | | | | | |
|-------|--|---|---|---|---|---|
| 1. | How well did the presentation cover the topic? | 1 | 2 | 3 | 4 | 5 |
| <hr/> | | | | | | |
| 2. | How effective was the Presenter Guide as an outline or script for the information to be presented? | 1 | 2 | 3 | 4 | 5 |
| <hr/> | | | | | | |
| 3. | Please rate the Power Point presentation. | 1 | 2 | 3 | 4 | 5 |
| <hr/> | | | | | | |
| 4. | Please rate the handouts. | 1 | 2 | 3 | 4 | 5 |
| <hr/> | | | | | | |
| 5. | What was the average rating this module received by your audience(s) | 1 | 2 | 3 | 4 | 5 |
| <hr/> | | | | | | |

Module 4: Adult Vision Disorders

- | | | | | | | |
|-------|--|---|---|---|---|---|
| 1. | How well did the presentation cover the topic? | 1 | 2 | 3 | 4 | 5 |
| <hr/> | | | | | | |
| 2. | How effective was the Presenter Guide as an outline or script for the information to be presented? | 1 | 2 | 3 | 4 | 5 |
| <hr/> | | | | | | |

3.	Please rate the Power Point presentation.	1	2	3	4	5
<hr/>						
4.	Please rate the handouts.	1	2	3	4	5
<hr/>						
5.	What was the average rating this module received by your audience(s)	1	2	3	4	5
<hr/>						

Module 5: Low Vision

1.	How well did the presentation cover the topic?	1	2	3	4	5
<hr/>						
2.	How effective was the Presenter Guide as an outline or script for the information to be presented?	1	2	3	4	5
<hr/>						
3.	Please rate the Power Point presentation.	1	2	3	4	5
<hr/>						
4.	Please rate the handouts.	1	2	3	4	5
<hr/>						
5.	What was the average rating this module received by your audience(s)	1	2	3	4	5
<hr/>						

Module 6: Home Safety

1.	How well did the presentation cover the topic?	1	2	3	4	5
<hr/>						
2.	How effective was the Presenter Guide as an outline or script for the information to be presented?	1	2	3	4	5
<hr/>						
3.	Please rate the Power Point presentation.	1	2	3	4	5
<hr/>						
4.	Please rate the handouts.	1	2	3	4	5
<hr/>						
5.	What was the average rating this module received by your audience(s)	1	2	3	4	5
<hr/>						

Module 7: Workplace Safety

1.	How well did the presentation cover the topic?	1	2	3	4	5
<hr/>						
2.	How effective was the Presenter Guide as an outline or script for the information to be presented?	1	2	3	4	5
<hr/>						
3.	Please rate the Power Point presentation.	1	2	3	4	5
<hr/>						

- | | | | | | | |
|-------|--|---|---|---|---|---|
| 4. | Please rate the handouts. | 1 | 2 | 3 | 4 | 5 |
| <hr/> | | | | | | |
| 5. | What was the average rating this module received by your audience(s) | 1 | 2 | 3 | 4 | 5 |
| <hr/> | | | | | | |

Module 8: Sports Safety

- | | | | | | | |
|-------|--|---|---|---|---|---|
| 1. | How well did the presentation cover the topic? | 1 | 2 | 3 | 4 | 5 |
| <hr/> | | | | | | |
| 2. | How effective was the Presenter Guide as an outline or script for the information to be presented? | 1 | 2 | 3 | 4 | 5 |
| <hr/> | | | | | | |
| 3. | Please rate the Power Point presentation. | 1 | 2 | 3 | 4 | 5 |
| <hr/> | | | | | | |
| 4. | Please rate the handouts. | 1 | 2 | 3 | 4 | 5 |
| <hr/> | | | | | | |
| 5. | What was the average rating this module received by your audience(s) | 1 | 2 | 3 | 4 | 5 |
| <hr/> | | | | | | |

Module 9: Healthy Living

- | | | | | | | |
|-------|--|---|---|---|---|---|
| 1. | How well did the presentation cover the topic? | 1 | 2 | 3 | 4 | 5 |
| <hr/> | | | | | | |
| 2. | How effective was the Presenter Guide as an outline or script for the information to be presented? | 1 | 2 | 3 | 4 | 5 |
| <hr/> | | | | | | |
| 3. | Please rate the Power Point presentation. | 1 | 2 | 3 | 4 | 5 |
| <hr/> | | | | | | |
| 4. | Please rate the handouts. | 1 | 2 | 3 | 4 | 5 |
| <hr/> | | | | | | |
| 5. | What was the average rating this module received by your audience(s) | 1 | 2 | 3 | 4 | 5 |
| <hr/> | | | | | | |

Comments: _____

THANK YOU for your feedback!

Please return to:

Prevent Blindness America

Healthy Eyes Program

211 W. Wacker Drive, Suite 1700

Chicago, IL 60606

Or email to:

mbregantini@preventblindess.org