



SCAN-MRT Presenter Feedback Form



Today's Date: _____ Site: _____

Presenter's Name: _____

Presentation Title: Child Maltreatment: What you need to know to recognize and report.

Following a presentation, we would appreciate it if participants would give us feedback on how the experience was for them. Please rate the following from Strongly Disagree to Strongly Agree.

Scale Definition:	SD - Strongly Disagree	D - Disagree	N - Neutral	A - Agree	SA - Strongly Agree
1. The presenter's presentation was clear and easy to understand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The presenter was prepared.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The presenter was responsive to questions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The presenter held the attention of the audience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Presenter/participant interaction was sufficient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. This presentation was tailored to the audience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please write additional comments in the box below. Comments written outside of the box cannot be scanned.

Thank you for your feedback!

