



Administrator Evaluation Form

Communicator: _____ **Date:** _____

School Name: _____

Student Reach Minnesota

Elementary

Middle School

Jr. High

High School

Please rate the following areas regarding today's presentation.

	Poor	Fair	Good	Excellent	Comments
Time					
Speakers					
Topics					
Communication					
Ability to hold student's attention					
Team's Appearance					
Set-Up					
Clean-Up					
Expectations Met					
Clear Presentation					
Thought Provoking					
Overall Program					

Please share with us your comments, suggestions or ideas: _____

Would you recommend this presentation to other schools? YES NO

Administrator Name: _____

School Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email Address: _____ **Phone:** _____