Ames Educational Technology Team

# PRESENTATION FEEDBACK

Name of presentation _____ Date _____

Location _____ Presenter _____

Please check the ONE description that best describes you:

| In-Service Teacher of grades: | Student attending grades: | Additional Participant |
|---|---|---|
| ☐ K-4 | ☐ K-4 | ☐ Administration |
| ☐ 5-8 | ☐ 5-8 | ☐ Civic Group |
| ☐ 9-12 | ☐ 9-12 | ☐ Education Specialist |
| ☐ Community College | ☐ Community College | ☐ Parent |
| ☐ Undergraduate | ☐ Undergraduate | ☐ Professional |
| ☐ Graduate | ☐ Graduate | ☐ Other _____ |
| ☐ Post Doctoral | ☐ Post Doctoral | _____ |

| Please evaluate the presentation: | Strongly Agree | Agree | Disagree | Strongly Disagree |
|---|---|---|---|---|
| 1. The program(s) I learned about will meet my district and/or state standards | ☐ | ☐ | ☐ | ☐ |
| 2. The program(s) I learned about are appropriate for their target grade levels. | ☐ | ☐ | ☐ | ☐ |
| 3. The workshop was well-organized. | ☐ | ☐ | ☐ | ☐ |
| 4. I am likely to use what I learned with my students. | ☐ | ☐ | ☐ | ☐ |
| 5. The presenter explained the program(s) clearly. | ☐ | ☐ | ☐ | ☐ |

☐ I work with Underrepresented Students; **you may contact me** to participate in pilot testing products to ensure effectiveness with underrepresented populations.

Name _____

School _____ Phone _____

City _____ State _____

☐ **I would like to receive Educational Technology Team email updates** for notification about the release of new products challenges and live chats/webcasts.

Email ☐☐☐