SeniorBrigade
A MICHIGAN SENIORS INITIATIVE

Date: _____

Location: _____

Presenter: _____

SITE COORDINATOR FEEDBACK

Thank you for your involvement in coordinating the Senior Brigade presentation at your location. We value your input and hope you will take time to provide feedback.

1. Which presentation(s) did you coordinate?

2. Is there any topic that you had hoped would be covered in the presentations, but was not?

3. Was the presenter well-prepared, appropriately dressed, and organized upon arrival?

4. Did the presenter relate well to the audience? If not, in what areas could he/she improve?

5. Were the documents provided user-friendly and self-explanatory? Did you have any problems obtaining and reproducing the handouts?

6. Are there any aspects of coordinating this presentation that you would like to see improved/changed?

7. Overall, please rate the presenter (5 = highest; 1 = lowest). 1 2 3 4 5

Name and Contact Information (optional): _____

For additional information visit:
www.seniorbrigade.com

Please return this form to the presenter