

**Feedback form For:** \_\_\_\_\_, **from** \_\_\_\_\_

Title of presentation:

Date:

Length (min)

Reading or media provided?

( Interaction with Presentation and Reading: (Feedback giver should have read/viewed and give interaction regards reading and topic in the class when chance is given)

Overall Summary and Highlights of presentation:

BASIC	MY SPECIFIC COMMENTS
Presentation was useful to class: Y or N	About presentation usefulness:
Presentation included 3 scholarly resources and required media: Y or N	About resources and materials used
Presentation was effective: Y or N	About presentation itself
Reading or Media provided for class to read or view in connection to presentation was useful? Y or N	About reading or viewing materials
Observations about presentation	Other observations about topic/issue/materials

Signature of feedback giver: