

4 EVENT--SINGLE SESSION EVALUATION - IASD JUNE 27 - JULY 1, 2010

Please evaluate **each and every presenter** (up to 4 on each form). **Write the name of each presenter and presentation # of each speaker you rate.** Return your form to the box at the back of each room, the Session Monitor, or the Information Desk.

1=Strongly Disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly Agree NA=Not Applicable
Please note that 1 is the lowest rating and 5 is the highest rating---Use Presentation # from the program booklet.

PRESENTATION #: _____ PRESENTER NAME: _____

... presenter demonstrated knowledge, skill and understanding on this topic:	1	2	3	4	5	
... presenter communicated effectively:	1	2	3	4	5	
...presenter was well-organized:	1	2	3	4	5	
... presenter provided information or techniques relevant to my clinical or dreamwork practice:	1	2	3	4	5	NA
... presenter enhanced my knowledge of dream theory or research:	1	2	3	4	5	NA
... presenter effectively facilitated my personal growth:	1	2	3	4	5	NA

____ Check Here if you want to make additional comments on the back of this page. Make sure to mark the correct presentation number #:
 ADDITIONAL COMMENT:

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Make sure to write the presentation number and make a check mark above if you make additional comments on the back. You can also make comments on the Full Conference Evaluation available at the conference or online at <http://asdreams.org/2010/ce>. Additional comments can be E-mailed to dreamsdr@aol.com. Put IASD CE in the heading.