

**Learn it!****Check it!****Live it!**

## Presenter Evaluation Form

Please respond to each item below to reflect your experiences with the *Learn it! Check it! Live it! Toolkit*.

Number of participants that attended the educational session: \_\_\_\_\_

Where was the session held? \_\_\_\_\_  
(workplace, church, community center, library, etc.)

City and State or ZIP: \_\_\_\_\_

How did you hear about the the *Learn it! Check it! Live it! Toolkit*? \_\_\_\_\_

1. The information provided in the flipchart was understandable and easy to follow.

Strongly  
Agree

Agree

Disagree

Strongly  
Disagree

2. The information provided in the Instructions & Ideas booklet helped prepare me for the presentation.

Strongly  
Agree

Agree

Disagree

Strongly  
Disagree

3. The participants were engaged by the flipchart material during the presentation.

Strongly  
Agree

Agree

Disagree

Strongly  
Disagree

4. The supporting materials (handouts and CD-ROM) were helpful.

Strongly  
Agree

Agree

Disagree

Strongly  
Disagree

5. How could the *Learn it! Check it! Live it! Toolkit* be improved?