



**Florida Society of Medical Assistants  
(Fall or Annual) Conference - Evaluation Form**

**Date**

5=greater than expected    1= lower than expected    N/A= Not applicable

**Day and Date  
Time**

**Title  
Speaker with credentials**

	5	4	3	2	1	N/A
1. Were the objectives clearly stated?	___	___	___	___	___	___
2. Were the objectives met?	___	___	___	___	___	___
3. Was the handout clear and helpful?	___	___	___	___	___	___
4. Was the speaker helpful in answering questions?	___	___	___	___	___	___
5. How well did the speaker know the topic?	___	___	___	___	___	___
6. Was the topic delivered professionally?	___	___	___	___	___	___
7. How did this topic hold your interest?	___	___	___	___	___	___
8. Was the material/information useful in your current profession?	___	___	___	___	___	___

**Comments:**

**Continue listing all speakers with information as above**

How did you learn about the seminar?

Do you have any suggestions for topics or speakers for future programs? What would YOU like to know more about?

Overall meeting comments and recommendations – WE value your input, thank you.