



# ASHRAE

## DISTINGUISHED LECTURER/ SPEAKER EVALUATION FORM



Chapter: \_\_\_\_\_

Meeting Date: \_\_\_\_\_

Chapter Meeting  CRC  Seminar  Technical Session  Workshop  Other: \_\_\_\_\_

Lecturer's Name: \_\_\_\_\_

Presentation Title: \_\_\_\_\_

SPEAKER/DISTINGUISHED LECTURER RATING:	Your Rating	Rated Points
▶ Rate if the presentation was <b>consistent with the Chapter's advertised description</b>		Maximum 20
▶ Rate the <b>verbal</b> style and effectiveness of the speaker		Maximum 20
▶ Rate the <b>visual</b> effectiveness of the presentation		Maximum 20
▶ Rate your approval of the <b>speaker's presentation ability</b> . Was the speaker engaging / well organized in delivering the presentation?		Maximum 20
▶ <b>Overall evaluation</b> of the lecturer in regard to the subject presented		Maximum 20
<b>TOTAL POINTS</b>		Maximum 100

In your opinion did you observe any **violations of commercialism policy**? If yes, mark the appropriate boxes:

- References, displays of trade names, logos or products (first slide/presentation introductions are allowed)
- Inference that ASHRAE approves or endorses any product, software, or system.
- Copies of papers, draft position papers or recommendations, brochures or other information.
- Other: \_\_\_\_\_

COMMENTS:	
▶ Was a description of the presentation provided to you in advance by the Chapter?	<input type="checkbox"/> YES <input type="checkbox"/> NO
▶ Would you say that the presentation was relevant, useful to you?	<input type="checkbox"/> YES <input type="checkbox"/> NO
▶ Would you recommend this topic to other members/chapters?	<input type="checkbox"/> YES <input type="checkbox"/> NO
▶ Would you recommend this speaker to other members/chapters?	<input type="checkbox"/> YES <input type="checkbox"/> NO
▶ Was the setting and environment of the presentation properly arranged (room, PA)	<input type="checkbox"/> YES <input type="checkbox"/> NO
▶ Was this presentation co-sponsored by other groups (AIA, USGBC, IAQA, etc.): Name: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
▶ Are you involved in the HVAC industry or part of another industry? If not, in what industry are you part: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
▶ Additional Comments: _____ _____ _____	

**PLEASE RETURN THIS FORM TO YOUR CHAPTER TECHNOLOGY TRANSFER COMMITTEE CHAIR**