

Certified Trainer Evaluation
By: Conference Attendee

Certified Trainer Name: _____

Date: _____ District: _____

PLEASE CIRCLE (5 highest/1 lowest)

Knowledge & Preparation of Topics	1	2	3	4	5
What topics did the trainer(s) cover?					

Speaking Abilities	1	2	3	4	5
What was effective or not effective about the presentations?					

Level of Enthusiasm & Optimism	1	2	3	4	5
Comments: _____					

Professional Appearance	1	2	3	4	5
Comments: _____					

Give one recommendation that could help the presenter do a better presentation:

What was most helpful to you personally from the training?

Name (Optional): _____

Follow-up contact Information (phone, email, etc.) – Optional:

Additional Comments:

Return to:

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