



National League
for Nursing

Evaluation of Speaker/Consultant

Institution or organization where event occurred

Name of person completing this evaluation

Position

Telephone

Email

Date(s) of event

Name of speaker/consultant

What goal did you hope the speaker/consultant would assist your group to achieve?

Did you achieve your goal? If not, please explain.

Please indicate your degree of agreement with the following statements.	Strongly Agree	Somewhat Agree	Undecided	Somewhat Disagree	Strongly Disagree
Speaker/Consultant had useful knowledge and skills that were applicable to our situation.					
Speaker/Consultant was willing to provide assistance based on our input and goals.					
Speaker/Consultant was effective in helping us move toward our goal.					
Speaker/Consultant provided resources to assist us in the future.					
Speaker/Consultant had effective interpersonal and/or group communication skills.					
Speaker/Consultant had a positive constructive attitude.					
Speaker/Consultant met our deadlines for providing information and materials.					
We would be willing to recommend this speaker/consultant to others.					
The costs in time and money related to the event were worth the investment.					
The process for contracting with the NLN or the Speaker/Consultant was efficient and effective.					

Please complete this form and return to Lynette Hinds at lhinds@nlm.org.

On the back of this form, please write any comments or suggestions that might help this speaker/consultant improve his/her overall effectiveness.

Thank you for providing your input.