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**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Presenter(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **I am:** \_\_ Faculty \_\_ Counselor \_\_ Staff \_\_ Administrator

Other (Please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Please rate this presentation on the following scale:**

 Very Worthwhile Worthwhile Not Worthwhile

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| 10 | 9 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

1. **Please rate how you feel about each statement.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Statements** | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| I enjoyed this presentation. | 🔿 | 🔿 | 🔿 | 🔿 | 🔿 |
| This presentation met my expectations. | 🔿 | 🔿 | 🔿 | 🔿 | 🔿 |
| I will share what I learned with others. | 🔿 | 🔿 | 🔿 | 🔿 | 🔿 |
| I would recommend this presentation to colleagues. | 🔿 | 🔿 | 🔿 | 🔿 | 🔿 |
| The presentation was well done and organized. | 🔿 | 🔿 | 🔿 | 🔿 | 🔿 |
| I will be able to use the information from this presentation in my work. | 🔿 | 🔿 | 🔿 | 🔿 | 🔿 |
| As a result of this presentation: |  |  |  |  |  |
| I have a better understanding of the challenges a student veteran may face in the classroom. | 🔿 | 🔿 | 🔿 | 🔿 | 🔿 |
| I have a better understanding of how hearing loss can affect a student veteran’s learning. | 🔿 | 🔿 | 🔿 | 🔿 | 🔿 |
| I will be able to better support my student veterans. | 🔿 | 🔿 | 🔿 | 🔿 | 🔿 |

1. Please comment on how this presentation has changed your view of student veterans with hearing loss.
2. What did you like most about this presentation?
3. What did you not like about this presentation?
4. What was missing from the presentation? What other information about student veterans with hearing loss would you like to know?
5. Please provide additional comments about this presentation.