

# AIDS PRESENTATION EVALUATION

Please feel free to answer the questions as to how you evaluated the presentation, enabling the presenters to accurately assess its effectiveness with the students. Thank you kindly.

Mark an "X" over the word that most accurately represents your assessment.

Yes

Mostly

No

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1. The workshop was well organised and interesting. (Yes, Mostly, No) \_\_\_\_\_  
Comments: \_\_\_\_\_
  2. The material was clearly presented and easily understood. (Yes, Mostly, No) \_\_\_\_\_  
Comments: \_\_\_\_\_
  3. Each session was the right length of time. (Yes, Mostly, No) \_\_\_\_\_  
Comments: \_\_\_\_\_
  4. The presenters covered the subject of HIV and AIDS well. (Yes, Mostly, No) \_\_\_\_\_  
Comments: \_\_\_\_\_
  5. The content of the material was what I wanted and covered sensitively. (Yes, Mostly, No) \_\_\_\_\_  
Comments: \_\_\_\_\_
  6. The presentations had sufficient variety of teaching methods (talk, sketch, visuals, video) (Yes, Mostly, No) Comments: \_\_\_\_\_
  7. The presenters were non-judgemental and helped to take the fear out of AIDS. (Yes, Mostly, No) Comments: \_\_\_\_\_
  8. I believe the program was worthwhile. I would come again with friends. (Yes, Mostly, No) Comments: \_\_\_\_\_
  9. The AIDS workshop helped motivate me to change. Please describe in a few words what changes the teaching will help you make: \_\_\_\_\_
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10. The seminar helped to motivate me to get involved in HIV and AIDS. (Yes, No) Please explain the areas you would like to get involved in: \_\_\_\_\_

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Please feel free to share any area/s of the presentation that you feel should be altered. Give your suggestions as to how to make the presentation more effective.

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If you need to talk with someone further, please sign your name and provide a number where you can be contacted. \_\_\_\_\_ Phone # \_\_\_\_\_

Name if you wish help