# SEAALL Annual Meeting Evaluation Form

Thank you for attending the 20xx SEAALL Annual Meeting.

We are eager to hear about your experiences with the educational programming. Member comments are reviewed carefully and are an important component in our plans for future meetings. Thank you for taking a few minutes to complete this survey.

1. How would you rate the Institute sessions held on Thursday, [date]? (list individual sessions)

|  | **Poor** | **Fair** | **Good** | **Very Good** | **Excellent** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |

1. How would you rate the programs held on Friday, April 15? [date]? (list individual sessions)

|  | **Poor** | **Fair** | **Good** | **Very Good** | **Excellent** |
| --- | --- | --- | --- | --- | --- |

1. How would you rate the programs held on Saturday, April 16? (list individual sessions)

|  | **Poor** | **Fair** | **Good** | **Very Good** | **Excellent** |
| --- | --- | --- | --- | --- | --- |

1. How would you rate the Conference overall in the following areas?

|  | **Poor** | **Fair** | **Good** | **Very Good** | **Excellent** |
| --- | --- | --- | --- | --- | --- |
| **Number and variety of programs offered relevant to my current professional responsibilities** |
| **Professional growth from the Educational Programs** |
| **Overall Impression of the Educational Programs** |

5. General comments and suggestions: