**Optometric Syntonic Phototherapy Speaker 201 EVALUATION FORM**

Location: Virtual Date: February 28, 2021

For each of the following areas, please indicate your reaction:

**Needs Not**

**Content Excellent Good Improvement Applicable**

Covered Useful Materials [ ] [ ] [ ] [ ]

Practical to My Needs and interest [ ] [ ] [ ] [ ]

Well Organized [ ] [ ] [ ] [ ]

Presented at the Right Level [ ] [ ] [ ] [ ]

Useful Visual Aids and Handouts [ ] [ ] [ ] [ ]

**Presentation**

Instructor’s Knowledge [ ] [ ] [ ] [ ]

Instructor’s Presentation Style [ ] [ ] [ ] [ ]

Instructor Covered Material Clearly [ ] [ ] [ ] [ ]

Instructor Responded Well to Questions [ ] [ ] [ ] [ ]

How could this format be improved?

Any other comments or suggestions?

Overall, how would you evaluate this virtual training session?

Excellent Good Fair Poor

[ ] [ ] [ ] [ ]