Certified Trainer Evaluation
By: Conference Attendee

Certified Trainer Name: _______________________________________________

Date: _______________ District: ________________________________

PLEASE CIRCLE (5 highest/1 lowest)

Knowledge & Preparation of Topics
What topics did the trainer(s) cover?
____________________________________________________________________
____________________________________________________________________

Speaking Abilities
What was effective or not effective about the presentations?
____________________________________________________________________
____________________________________________________________________

Level of Enthusiasm & Optimism
Comments:________
___________________________________________________
____________________________________________________________________

Professional Appearance
Comments:___________________________________________________________
____________________________________________________________________

Give one recommendation that could help the presenter do a better presentation:
____________________________________________________________________
____________________________________________________________________

What was most helpful to you personally from the training?
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Name (Optional):   ________________________________________

Follow-up contact Information (phone, email, etc.) – Optional:
____________________________________________________________________

Additional Comments:
____________________________________________________________________
____________________________________________________________________

Return to:
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