



DEMONSTRATOR ASSESSMENT REPORT

Demonstrator's Name:	
Participating Society/Club:	

Society/Club Representative to complete this form:

Representative's Name:	
Representative's Position	

Activity Type:

Demonstration	<input type="checkbox"/>	Workshop/s	<input type="checkbox"/>
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Activity Date/s:	From:		To:	
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Demonstration and Workshop Assessment	No	Fair	Average	Good	Excellent
Did the Demonstrator cover the topic satisfactorily?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, was the Club and members happy with the Demonstrator's performance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the demonstration/workshop, was the Demonstrator helpful and able to communicate to participants according to their learning skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During the demonstration/workshop, when and if a participant had a preconceived design that was challenged or changed by the demonstrator, was the demonstrator able to guide the participant towards an amicable agreement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would you consider inviting the Demonstrator back again?	Yes <input type="checkbox"/>		No <input type="checkbox"/>		
Did the Club believe they received value for money?	Yes <input type="checkbox"/>		No <input type="checkbox"/>		

Comments:

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(limit of 500 characters including spaces if completed electronically)

Please return to the Secretary AABC Ltd at the address below. Thank you for your assistance.