## HOSPICE VETERAN PARTNERSHIP PRESENTATION EVALUATION

Name of Organization/Location of Presentation	on					
Presenter:	Date					
Please take a few moments	to provid	le your	· feedb	ack to	the presentation.	
Rating Scale is 1 (Low) to 5 (High).						
1. Speaker's presentation of material	1	2	3	4	5	
2. Clarity of material presented	1	2	3	4	5	
3. Length of presentation	1	2	3	4	5	
4. Overall value of information	1	2	3	4	5	
Is there any other information that would bene	fit you?					
Other comments/suggestions:						
Name (optional)	_ Date	e				

Please forward the completed form by mail, fax, or email to:

Bobbi Dolan

Administrative Assistant Midwest Care Alliance 855 South Wall Street Columbus, OH 43206 Phone: 614-763-0036

Fax: 614-763-0050

Email: bobbi.dolan@midwestcarealliance.org