



**Absent Professor Program**  
*Presentation Feedback Form - Student*

Course: \_\_\_\_\_ Instructor: \_\_\_\_\_

*Circle the number which best reflects your perceptions about the presentation.*

The overall effect of the presentation was positive.	5	4	3	2	1
The speaker was easy to understand.	5	4	3	2	1
The presentation content was interesting and useful.	5	4	3	2	1
The activities were helpful to my learning.	5	4	3	2	1
I learned something from the presentation.	5	4	3	2	1

**Comments:**

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