Speaker Name: ____________________________________

Please write any comments about this presentation and/or ideas for future presentations on the back.

1. Rate your understanding of this topic **before** the session:
   - ___Uninformed ___Slight ___Moderate ___Good ___ Excellent

2. Rate your understanding of the topic **after** the session:
   - ___Uninformed ___Slight ___Moderate ___Good ___ Excellent

3. Are you planning to use information/skills from this session in your operation/job?
   - ___No ___ Unsure ___ Maybe ___ Likely ___ Definitely

4. Within which of the following time frames do you plan to use this information/skills?
   - ___Never ___ 1 year ___ 6 months ___ 3 months ___ Now

5. Overall, how would you rate this presentation?
   - ___ Poor ___ Okay ___ Good ___ Very Good ___ Excellent

**Figure 3.** Needs Assessment evaluations that are completed at each presentation during conference and field day events by every attendee.