

IEEE Power & Energy Society Technical Session Evaluation Survey

Please provide information about your session's facilities and evaluate each presenter according to the following criteria. Your response will be used to improve the sessions and provide feedback to presenters with the goal of continued improvement in the quality of technical presentations.

When completed, please deposit this form in the collection box (if provided), or mail this form to:

IEEE PES Executive Office Fax: +1 732 562 3881
445 Hoes Lane, P.O. Box 1331
Piscataway, NJ 08855-1331 USA

Conference Name: _____

Session Type: Poster Paper Panel Paper Forum Tutorial Super Session
 Other _____

Session Title: _____

Session Chair: _____ This is survey page 1 of _____

Date of Session: _____ Time: _____ Number Present: _____

1. Was the assigned room of the session adequate in respect to meeting room equipment and facilities?
 YES NO Was the size appropriate? YES NO

2. Was the room properly provided with the standard equipment? Please indicate *yes* or *no*:

Panel/Paper Session

LCD projector _____
 projection screen _____
 power and extension cords _____
 podium and microphone _____

Poster Session

posters & easels _____
 tables (*if req*) _____
 power strips (*if req*) _____
 chairs _____

3. Do you have additional comments or suggestions that would improve the overall setup of the meeting room?

4. Do you have any comments or suggestions that would improve the quality of presentations?

Name (Print) _____ Phone # _____

Date _____ Signature _____

Please photocopy this page if needed for additional presenters. Circle appropriate number below

Session Title: _____ Date/Time: _____

Paper Number (if applicable) _____ Presenter: _____

	Excellent	Poor			
	5	4	3	2	1
Verbal clarity of presenter	5	4	3	2	1
Organization of presentation	5	4	3	2	1
Purpose/goal clearly stated	5	4	3	2	1
Proper amount of details used for an overview presentation	5	4	3	2	1
Conclusion/results clearly stated	5	4	3	2	1
Ability to respond to questions	5	4	3	2	1
Interest from audience	5	4	3	2	1
Quality of visuals (check type)	5	4	3	2	1

PowerPoint overheads posters

Comments: _____

Paper Number (if applicable) _____ Presenter: _____

	Excellent	Poor			
	5	4	3	2	1
Verbal clarity of presenter	5	4	3	2	1
Organization of presentation	5	4	3	2	1
Purpose/goal clearly stated	5	4	3	2	1
Proper amount of details used for an overview presentation	5	4	3	2	1
Conclusion/results clearly stated	5	4	3	2	1
Ability to respond to questions	5	4	3	2	1
Interest from audience	5	4	3	2	1
Quality of visuals (check type)	5	4	3	2	1

PowerPoint overheads posters

Comments: _____
