



CALIFORNIA ABLE ACT BOARD

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CalABLE Evaluation

1. Presentation date or title of webinar/seminar:

2. I am a (select all that apply):

Parent / Guardian / Conservator

CalABLE Participant / Potential CalABLE Participant

Service Provider

State Employee

Other (please specify):

3. The purpose was communicated clearly and was easy to follow.

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

4. Presenter exhibited a good understanding of the topic.

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

5. Presenter was well-prepared and spoke clearly.

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

6. Presenter responded effectively to audience questions / comments.

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

Continued on next page.

7. Have you ever participated in a CalABLE presentation prior to this one?

Yes

No

8. How did you hear about this presentation?

CalABLE Email

Facebook

Twitter

Friend or Colleague

Community Organization Referral

Other (please specify):

9. What did you like most about the presentation?

10. Please specify any follow-up questions not addressed in the presentation.

11. What topics would you like to see covered in a future presentation?