



**THE FEDERATED GARDEN CLUBS OF CONNECTICUT, INC.**  
**P. O. BOX 854**  
**BRANFORD, CONNECTICUT 06405**  
**203-488-5528**

## **SPEAKER EVALUATION**

**(To be completed by Program Chairman or Club Vice President)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
Telephone (Home) \_\_\_\_\_ Business \_\_\_\_\_  
Email \_\_\_\_\_  
Program Title \_\_\_\_\_  
Fee \_\_\_\_\_

Special needs (i.e. Projector screen, accommodations, supplies, microphone) \_\_\_\_\_

Did the Speaker stick to Program Title? \_\_\_\_\_

Was the Speaker on time? \_\_\_\_\_

Did Speaker speak at a level everyone could relate to? (Too advanced? Too basic?) \_\_\_\_\_

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Was the topic interesting? \_\_\_\_\_

Did the Speaker bring any handouts? \_\_\_\_\_

Would you recommend this Speaker to other groups? \_\_\_\_\_

Other Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please return the completed form to Program Chairman:**

**Maria Capella**

**2380 Mountain Road**

**West Suffield, CT 06093**

**Email: [mcapella05@cox.net](mailto:mcapella05@cox.net)**