



WOMEN OF REFORM JUDAISM
stronger together

LINK SPEAKER EVALUATION FORM

SISTERHOOD _____ CITY _____

EVENT DATE(S) _____ EVENT TYPE _____

LOCATION (AT TEMPLE OR OFFSITE)

SPEAKER _____

YOUR NAME & POSITION _____

HOW MANY WOMEN WERE IN ATTENDANCE? _____

DID YOU INVITE OTHER SISTERHOODS? _____

1. WHAT WERE YOUR GOALS FOR THIS EVENT?

2. DID YOUR SPEAKER MEET YOUR NEEDS AND EXPECTATIONS? Please explain.

3. WHAT WAS THE HIGHLIGHT OF THIS VISIT?

4. WAS THERE ENOUGH TIME ALLOCATED FOR ALL THE ITEMS ON YOUR AGENDA?

PLEASE SHARE YOUR IMPRESSIONS OF THE EVENT AND RECOMMENDATIONS FOR THE FUTURE.
