

D9 TOASTMASTERS Speechcraft Evaluation Form

___4___6___8 session format



Club Sponsor:

Program Dates:

Place:

Target Group:

Intended Purpose:

___HELD/HOLD IN HOUSE (at club meetings) ___HELD/HOLD OFF SITE (other location/time)

Site Advantages/Challenges:

Program Strengths/Challenges:

Benefits/Challenges to Presenters/Club:

Benefits/Challenges to Participants:

Desired/Actual Results:

Send completed form to:

Kathleen Cricket Windsong • 5415 Selle Rd • Sandpoint, ID 83864 or email: tmcricquet@toastmastersd9.org