

Program Evaluation Form/Survey
Institute of Industrial Engineers
{Insert your chapter name} **Chapter #** *{insert chapter #}*

Meeting Date: _____ **Location:** _____

Please take a few minutes to answer the following questions. Your answers will assist us in improving future meetings. Please contact *{insert name of Programs Chair}* if you have any questions or comments at *{insert contact phone #}*. Thanks for your time!

1) How did you hear about this meeting? (Circle all that apply)

Newsletter Friend Phone Call E-Mail Other: _____

2) Overall, how satisfied were you with the meeting?

1 2 3 4 5
Very Dissatisfied Dissatisfied Neutral Satisfied Very Satisfied

3) How timely was the meeting notification?

1 2 3 4 5
Too Late Late About Right Early Too Early

4) How was the location and time of the meeting?

1 2 3 4 5
Very Poor Poor Okay Good Excellent

5) How would you rate the facilities at the meeting? (Food, temperature, lighting, sound)

1 2 3 4 5
Very Poor Poor Okay Good Excellent

6) Would you like to have more speakers/presentations like this one in the future?

1 2 3 4 5
No Probably Not Maybe Probably Yes Definitely

7) What other presentations or facility tours would you like to see in the future? Do you know of a speaker or a facility that would be of interest to the chapter members?

Additional Comments: _____

8) How important to you are the other services and products IIE offers as member benefits: local chapter newsletter/listserves, *Industrial Engineer*, journals, IIE Engineering & Management Press books, continuing education seminars, annual conference, IIE support of ABET accreditation process, IIE support of professional registration activities.

1 2 3 4 5
No Importance Not Much Importance Neutral Important Very Important

Please turn in completed surveys as you leave or mail to: *{Insert Name, Mailing Address, and Fax number of Programs Chair}*.