

Regulatory Reporting Best Practices Seminar Presentation Evaluation Form

We want to ensure your learning experience at the Federal Reserve Bank of New York is relevant, timely, and meaningful. Therefore we would appreciate if you would take a few minutes to answer the following questions, and provide specific comments on the effectiveness of each speaker, the relevance of each topic, and the quality of handouts and/or audiovisual aids on the accompanying page.

Date: September 3, 2015

- Were your objectives in attending this workshop met? Yes No
- Did the handout materials contribute to achieving your learning objectives? Yes No
- Was appropriate time allocated to each segment? Yes No
- Were the facilities conducive to learning? Yes No
- Were individual instructors effective? Yes No
- Were program materials accurate? Yes No
- Were audiovisual materials effective? Yes No
- If applicable, were prerequisites appropriate? Yes No

What sections of the class did you find the most useful? _____
What sections can be deleted? _____
What topics should be added? _____

Please rate the individual speaker by taking into account speaker's knowledge of the subject matter and content of the presentation and speaker's presentation skills.

	Fair	Good	Excellent
K. Lamar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P. Selvaggi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Iacopelli	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Castillo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A. Guglielmo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S. Smentek	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall rating of the presentation on a scale of 1 through 5 (e.g., **5 being the best**) _____

We appreciate any other comments:

Thank you for completing the evaluation form. Your comments and suggestions will help us to improve future seminars.

Name (optional): _____ Phone number (optional): _____