



Presenter Evaluation Form

Your Name (please print): _____
Telephone #: _____
Email address: _____
Presentation Date: _____
Immediate Enrollment: _____
Follow up: When: _____

Based on the presentation today, do you feel you have a good understanding of the LegalShield membership? Yes No

Was the presenter clear in explaining the plan benefits? Yes No

Whether or not you enrolled in the services today, do you feel that the information presented to you is valuable and beneficial for you to know about? Yes No

Based on the presentation given to you today, do you feel that others would benefit from knowing about our services? Yes No

Our associates performance is evaluated based on the amount of referrals received from each presentation.

Recommendations: (3 to 5: AVERAGE 5 to 7: **GOOD** 8 to 10: **EXCELLENT**)

1. Name: _____
Phone# _____
Relation: _____

6. Business: _____
Phone#: _____
Owner: _____

2. Name: _____
Phone# _____
Relation: _____

7. Business: _____
Phone#: _____
Owner: _____

3. Name: _____
Phone# _____
Relation: _____

8. Business: _____
Phone#: _____
Owner: _____

4. Name: _____
Phone #: _____
Relation: _____

9. Business: _____
Phone#: _____
Owner: _____

5. Name: _____
Phone #: _____
Relation: _____

10. Business: _____
Phone#: _____
Owner: _____