MNNAC Program Committee Speaker Evaluation Form

Speaker's Name_____ CD # _____

Contact Info_____ Where from_____Clean Date_____

Male/Female Age_____ Ethnicity_____ Sexual Preference_____

Today's Date _____Reviewed by _____ Length _____Min.

Scoring Scale: 1=Poor 2=Fair 3=Average 4=Good 5=Excellent

1.	Does the speaker have a clear NA message?	1	2	3	4	5
2.	Does the speaker respect the NA traditions?	1	2	3	4	5
3.	Does the speaker have a focused recovery message?	1	2	3	4	5
4.	Does the message speak to all NA members? (Speaks of the disease of addiction, speaks to the new comers, different races, religions, genders, etc…)	1	2	3	4	5
5.	Does the speaker have the ability to share personal experience versus telling us "how to recover"?	1	2	3	4	5
6.	Are public speaking abilities organized, consistent, able to hold the audience's attention?	1	2	3	4	5
7.	Does the speaker have the ability to carry a recovery message without the use of vulgar language?	1	2	3	4	5
8.	Were you emotionally inspired?	1	2	3	4	5
9.	Does the speaker motivate you to keep coming back?	1	2	3	4	5
10	Did you hear a celebration of recovery?					
	Total					

Is there anything else you would like the working group to know about this speaker that would help them in their selection process? (Be specific.)

Based on the tape, good topics or types of workshops for this speaker might include: