



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:

1. Name: \_\_\_\_\_
Phone #: \_\_\_\_\_
Relation: \_\_\_\_\_

6. Name: \_\_\_\_\_
Phone #: \_\_\_\_\_
Relation: \_\_\_\_\_

2. Name: \_\_\_\_\_
Phone #: \_\_\_\_\_
Relation: \_\_\_\_\_

7. Name: \_\_\_\_\_
Phone #: \_\_\_\_\_
Relation: \_\_\_\_\_

3. Name: \_\_\_\_\_
Phone #: \_\_\_\_\_
Relation: \_\_\_\_\_

8. Name: \_\_\_\_\_
Phone #: \_\_\_\_\_
Relation: \_\_\_\_\_

4. Name: \_\_\_\_\_
Phone #: \_\_\_\_\_
Relation: \_\_\_\_\_

9. Name: \_\_\_\_\_
Phone #: \_\_\_\_\_
Relation: \_\_\_\_\_

5. Name: \_\_\_\_\_
Phone #: \_\_\_\_\_
Relation: \_\_\_\_\_

10. Name: \_\_\_\_\_
Phone #: \_\_\_\_\_
Relation: \_\_\_\_\_

Table with 6 columns: use plan for?, called law firm?, activated ID Shield?, will done?, activated member perks?, Intro to opp.?, tool given?, 3way call? date & expert?, invited to live event?, became an associate? Includes a 'FOR INTERNAL USE ONLY' stamp.