

Student Program Evaluation Form

Program Title: _____

Date: _____

Please answer the following questions to let us know what you think of our events:

1. How did you hear about the program?

2. What made you attend the program

3. What did/didn't you like about the program?

4. What would you do or like to see done differently?

5. Would you attend the program again? If so would you recommend it to others?

Additional Suggestions/ Comments:

Name: (optional) _____

😊 Thank You!!! Hope you enjoyed the program!!! 😊