

## GLOBAL AMBASSADORS PROGRAM EVALUATION FORM

Please complete and return the form to the GAP Coordinator

STUDENT'S NAME/COUNTRY:	
CLASS/ GROUP VISITED:	
CONTACT PERSON/ADDRESS:	
DATE:	
1.	How long was the student's presentation?
2.	Positive Aspects of the Presentation:
3.	Specific Recommendations to Improve the Student's Presentation:
4.	Significant Benefits to You and Your Students, Group, or Organization:
5.	Would you invite this presenter again to your class/organization? Yes No Please explain.