 

Participant Survey for Co-curricular Events

Title of Event

Date of Event

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1. How would you rate this event? 1. How would you rate this event?

Excellent Good Poor Excellent Good Poor

1. In which areas do you feel that this event benefitted you? 2. In which areas do you feel that this event benefited you?

Circle as many as apply. Circle as many as apply.

* 1. contributing as a leader a. contributing as a leader
	2. contributing to society or the community b. contributing to society or the community
	3. interacting with others c. interacting with others
	4. knowing more about myself d. knowing more about myself
	5. improving overall knowledge e. improving overall knowledge
	6. communicating better f. communicating better
	7. using technology g. using technology
	8. examining alternate/new ideas h. examining alternate/new ideas
	9. using research i. using research
1. Do you feel that this type of activity should be offered more often? 3. Do you feel that this type of activity should be offered more often?

Yes No Yes No

If no, please be sure to answer question #5 below. If no, please be sure to answer question #5 below.

1. How could we have modified or improved today’s activities? 4. How could we have modified or improved today’s activities?

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