 

Participant Survey for Extracurricular Events

Title of Event

Date of Event

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

Excellent Good Fair Poor Excellent Good Fair Poor

1. Do you feel this program helped you to become engaged

in the college experience? 2. Do you feel this program helped you to become engaged in the college experience?

Yes No Not applicable Yes No Not applicable

1. Would you recommend this program to others? 3. Would you recommend this program to others?

Yes No

Yes No

If no, please be sure to answer question #4 below.

If no, please be sure to answer question #4 below.

1. How could we have modified or improved this program? 4. How could we have modified or improved this program?

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