



**In Just 60 Seconds, You Can Share Your Opinions!**



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Event Title: \_\_\_\_\_

Please check one:  Resident Student  Commuter Student  Off-Campus Student  
 Evening Student  Graduate Student  Faculty/Staff

How did you hear about this event? (circle all that apply)

Triangle \_\_\_\_\_ Resident Assistant \_\_\_\_\_ Commuter Assistant \_\_\_\_\_  
Posters \_\_\_\_\_ Word of Mouth \_\_\_\_\_ Other: \_\_\_\_\_

Are you a member of a student organization? (please circle) YES NO  
If yes, which one(s)? \_\_\_\_\_

NA – No Answer 1 – Strongly Disagree 2 – Disagree 3 – Agree 4 – Strongly Agree

1. This program met your expectations. NA 1 2 3 4  
Why or why not? \_\_\_\_\_

2. This program was successful. NA 1 2 3 4  
Why or Why not? \_\_\_\_\_

3. This program enhanced or complemented what I am learning in class. NA 1 2 3 4  
Why or Why not? \_\_\_\_\_

4. This program enhanced or complemented what I am learning in my co-curricular activities I am involved with on campus. NA 1 2 3 4  
Why or Why not? \_\_\_\_\_

5. I would recommend this program to a friend. NA 1 2 3 4  
Why or why not? \_\_\_\_\_

6. What is the most valuable thing you heard/learned in this program? \_\_\_\_\_

7. How would you improve this program? Please explain. \_\_\_\_\_

8. Additional comments or suggestions? \_\_\_\_\_

9. I am going to continue to attend CEO LEAD workshops in the future. NA 1 2 3 4  
Why or why not? \_\_\_\_\_

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