Post Program/Service Evaluation

NAME ___________________________ DATE ___________________________

NAME OF PROGRAM/EVENT/SERVICE: ___________________________

DATE OF EVENT: ___________________________

NAME OF PRESENTER: ___________________________

Indicate the cohort year in which you began to participate in EAP: ______ 2018-19

2017-18 2016-17 2015-16 2014-15


Please assist us in helping to determine the effectiveness of our program services by completing this evaluation. Indicate the extent to which you agree or disagree with the statement. In addition, please be neat, clear and descriptive in your comments.

5=strongly agree  4=agree  3=neutral/not sure  2=disagree  strongly disagree

N/A—does not apply here

I. The workshop met my expectations.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
2A. I have identified at least one strategy or new understanding that I plan to incorporate in my academic

2B. Indicate that strategy or understanding.

3. The audiovisual (PowerPoint) presentation was both helpful and informative.

4. The workshop facilitator was informative and knowledgeable regarding the subject.

5. Would you recommend this workshop to a fellow student to experience?

6. What aspect of the workshop do you believe needs to be changed (eliminated or embellished)?

7. What other comments about the satisfaction and benefit to you would you like to share?