Flexible Calendar Activity Evaluation Form

FALL 2014

Flex ID#: __________________ Flex Activity Title: ______________________________

To help us improve the quality of our activities, we would appreciate your feedback!

Please circle the response option that best reflects your evaluation of the program or activity provided.

1. Was the Flex activity date and time convenient for you? Yes No
   Comment: ________________________________________________________________

2. Were the presentation topics informative? Yes No
   Comment: ________________________________________________________________

3. The amount of material covered for the time allotted was: Just right Too much Too little

4. Would you recommend this activity to others? Definitely Probably Not really

5. What was particularly helpful segment of the activity? ________________________________
   __________________________________________________________
   __________________________________________________________

6. What was the least helpful segment of the activity? ________________________________
   __________________________________________________________
   __________________________________________________________

7. What additional topics would you like to see covered in this activity? __________________
   __________________________________________________________
   __________________________________________________________

8. What was your overall evaluation of the program (please circle one):

9. Additional comments or suggestions? _____________________________________________
   __________________________________________________________
   __________________________________________________________

Thank you for your feedback!

Please return completed form to Flex Committee Support in the E-building.