

Type I Enrichment Evaluation Form

Student Form

Presentation: _____

Date: _____

To help us plan future programs, please circle the number under the sentence that tells how you feel about the presentation. If you feel in between two of the sentences, circle the number between them.

I enjoyed the experience.	It was OK.		It was boring.	
(select one) <input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
I learned a lot about the subject.	I learned something about the subject.		I learned nothing about the subject.	
(select one) <input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
I would like to see more of this subject.	I am not sure if I want to see more of this subject.		I do not want to see any more of this subject.	
(select one) <input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

Would you like to make any comments?

Please return this form to your enrichment specialist.