



**Student Support Services Project
Activities Evaluation/Feedback Form**

Activity: _____

Activity Site: _____

Date of Service: _____

Presenter's Name: _____

Workshop Facilitator: _____

Please rate the activity you attended utilizing the following grading scale: 5= Excellent 4= Very Good 3= Good 2=Fair 1=Poor

(a) The presenter's proficiency in creating a comfortable atmosphere was _____.

(b) The presenter's knowledge of the subject was _____.

(c) The format and organization of the activity was _____.

(d) The presenter's over all helpfulness in providing information was _____

(e) The presenter's overall helpfulness guidance and assistance was _____

(f). Will you participate in the SSS Program this academic year? _____

(g) Your comments: _____
