

Faculty Engagement Participant Evaluation

Event Name _____

Class Year: _____ Gender: _____ How many other faculty engagement programs have you attended? _____



Question 1:

How has this program impacted your likelihood to engage with faculty in the following ways (decreased, no impact, increased):

	Decreased	No Impact	Increased
access faculty during office hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
discuss an academic concern with faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
discuss a non-academic topic with faculty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
actively participate in class by asking or responding to questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ask a faculty member for help (academically or not)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you marked "decreased" or "no impact" for any category, please explain:

Question 2:

What did you like most about the program?

Please explain

Question 3:

How could this program be enhanced?

Please explain

Question 4:

Would you recommend this program to another student?

Yes No

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