# OVERALL EVALUATION

NIRSA Student Lead On

Insert Location

Insert Conference Dates

Please choose the response that best describes your evaluation of the event.

 5 4 3 2 1

Exceeded My Met My Below My

Expectations Expectations Expectations

Registration Process

 5 4 3 2 1 N/A

Program Content

 5 4 3 2 1 N/A

Program Format/Organization

 5 4 3 2 1 N/A

Business Meeting (Power Point Presentation)

 5 4 3 2 1 N/A

Presentations (Overall)

 5 4 3 2 1 N/A

Keynote Speakers (Overall)

 5 4 3 2 1 N/A

Relevancy of Sessions

 5 4 3 2 1 N/A

Vendors

 5 4 3 2 1 N/A

Location

 5 4 3 2 1 N/A

Handouts and Material

 5 4 3 2 1 N/A

Meeting Room Accommodations

 5 4 3 2 1 N/A

Refreshments/Food

 5 4 3 2 1 N/A

Overall Rating

 5 4 3 2 1 N/A

**1. What did you like most about the NIRSA Student Lead On?**

**2. Why did you attend the Student Lead On?**

3. In terms of your needs, which topics were the most practical and/or valuable?

**4. What suggestions do you have for future topics?**

**5. Please list one to three items you learned as a result of attending this Student Lead On.**

6. Did you visit the vendors?

 **YES NO N/A**

**7. Is it important to you to have vendors at the Student Lead On?**

 **YES NO N/A**

 **Additional comments:**

**8. Did the ability to earn CEUs at this Student Lead On increase your interest in attending?**

 **YES NO N/A**

**9. What suggestions do you have for improving future NIRSA Student Lead On?**

**10. Please use this space for any additional comments not previously addressed in the evaluation.**