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 segment of the activity was particularly helpful?  
   

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.