

Kansas Association of Collegiate Registrars and Admissions Officers

Planning for College Presentation Evaluation by Teacher/Counselor

Presenter's Name: _____ Presentation Date: _____

High School Name: _____

Number of Sessions: _____ Grade Levels Involved: _____

Number of Students in Attendance: _____ Number of Parents in Attendance: _____

Please circle the best match for your response:

1) What is your overall evaluation of the Planning for College Workshop?

very low low medium high very high

2) Please rate the value to the students.

very low low medium high very high

3) In your opinion, how well did the presenter keep the students' interest?

very low low medium high very high

4) Please rate the objectivity of the presenter.

very low low medium high very high

5) Please rate the preparedness of the presenter.

very low low medium high very high

6) Would you request the Planning for College Workshop again?

very low low medium high very high

7) Would you request this presenter again?

very low low medium high very high

Comments: _____

Your name and Title: _____

Thank you for your participation!

Please send this evaluation form to:

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