

EVENT EVALUATION FORM

- 1 Are you Male or Female?
- 2 How old are you? _____ years old
- 3 Who did you attend the event with today? (Check all that apply)
 - friends
 - family members
 - other: _____
- 4 How did you find out about today's event? (Check all that apply.)
 - I was in the area and dropped in
 - Newspaper
 - Friend
 - TV
 - Web
 - Radio
 - other: _____
- 5 How likely would you be to go to another event like this?
Not likely **1** **2** **3** **4** **5** Extremely Likely
- 6 Would you recommend an event like this to others?
Not likely **1** **2** **3** **4** **5** Extremely Likely
- 7 How would you rate this event overall?
Disappointing **1** **2** **3** **4** **5** Fun
- 8 What did you like best about today's event?
- 9 What did you like least?
- 10 Write down one cool thing that you learned about engineering.
- 11 Other comments:



THANKS!

Your feedback will help us improve future events.



Major funding for *Design Squad* is provided by the National Science Foundation and the Intel Foundation. Additional funding is provided by Tyco Electronics, National Council of Examiners for Engineering and Surveying, The Harold and Esther Edgerton Family Foundation, Noyce Foundation, Intel Corporation, American Society of Civil Engineers, and the IEEE.

This *Design Squad* material is based upon work supported by the National Science Foundation under Grant No. ESI-0515526. Any opinions, findings, and conclusions or recommendations expressed in this material are those of the author(s) and do not necessarily reflect the views of the National Science Foundation.

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Design Squad is produced by WGBH Boston.

