CSTEP Event Evaluation Form

Name: __________________________________________

☐ Freshman ☐ HEOP
☐ Sophomore ☐ CSTEP
☐ Junior
☐ Senior
☐ Graduate

Event Name: ________________________________

Date: __________

Time: __________

☐ Inside Event
☐ Outside Event
☐ Community Service

List three things you’ve learned from this event:

1. __________________________________________

2. __________________________________________

3. __________________________________________

Self-reflect:
What have you gained from this event/experience? How did it affect you?
________________________________________________________________________
________________________________________________________________________

Would you recommend this event to another student?
________________________________________________________________________
________________________________________________________________________

Comments:
Please provide feedback on what you liked best, what you didn't like, and/or what can be improved on for the future.
________________________________________________________________________
________________________________________________________________________