

CSTEP Event Evaluation Form

Name: _____

- ☐ Freshman
- ☐ Sophomore
- ☐ Junior
- ☐ Senior
- ☐ Graduate

- ☐ HEOP
- ☐ CSTEP

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.
