

The EOPS/CARE Programs Seminars/Workshops –Summary

The information below must be completed in its entirety for 1 credit.
If you have any questions regarding this process, please contact the EOPS Office.

Event Information

Name: _____ B Number: _____

Title of Event: _____ Date: _____

Location of Event: _____

Summary of Event:

How would you rate this workshop? (Circle one)

A- Excellent B- Good C- Fair D- Poor E- Should not be repeated

What did you enjoy about this workshop?

What could be done to improve or strengthen the workshop?

Student Signature: _____

Official Staff Signature or Stamp of Organization: _____
