The Delta Kappa Gamma Society International

Evaluation Form

Please **PRINT** your name and contact information on back

STAR3

***FRIENDS, FELLOWSHIP, & FUN! ~ April 1, 2023***

*Your evaluations are very important to us. We take your suggestions and concerns seriously. Your comments are the only way we know what is or isn’t working. Thank you for taking the time to help us make Area 3 STAR an extraordinary experience. Please come back next year.*

*Have you attended STAR at Camp Allen?* 🗖 Yes 🗖 No

*If yes, how many times? \_\_\_\_\_\_\_*

*Did you attend STAR3 last year?* 🗖 Yes 🗖 No

Please rate the following on a scale of 1 being the lowest and 5 being the highest.

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Date/Time of Year 🗒1 🗒2 🗒3 🗒4 🗒5

Price 🗒1 🗒2 🗒3 🗒4 🗒5

Location 🗒1 🗒2 🗒3 🗒4 🗒5

Meals: Breakfast/Lunch/Snacks 🗒1 🗒2 🗒3 🗒4 🗒5

Mini-projects / Quick Crafts 🗒1 🗒2 🗒3 🗒4 🗒5

Number of Sessions Offered 🗒1 🗒2 🗒3 🗒4 🗒5

Give the name of the sessions you attended 🗒1 🗒2 🗒3 🗒4 🗒5

Session 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🗒1 🗒2 🗒3 🗒4 🗒5

Session 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🗒1 🗒2 🗒3 🗒4 🗒5

Session 3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🗒1 🗒2 🗒3 🗒4 🗒5

ME TIME! 🗒1 🗒2 🗒3 🗒4 🗒5

Do you like the idea of an extended class? 🗒 Yes, why? 🗒 No, why?

**Please give feedback on the following:**

What was your most favorite activity? Why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were you disappointed with any of the classes or activities offered? 🗒 Yes, why? 🗒 No

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What changes, if any, would you make for next year in any area?

Would *you* consider being an instructor? If so what would you want to teach?

🗖 Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🗖 No

Would you like to volunteer the day of the event? 🗖 Yes 🗖 No

Would you like to be a member of the committee? 🗖 Yes 🗖 No

Suggestions for new or different sessions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Additional comments about your experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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General Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Your Contact Information: **PLEASE PRINT**

(Name) (Email)

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(Phone) (Chapter) (Area) or (Guest)

Revised 2/23