## Student Evaluation of the 2010 Conference

Please fill out this evaluation as instructed throughout the day. Your answers will help us improve future conferences. Please answer the following questions:

1. **Opening Session** The key note speaker for the opening session was interesting.
   ☐ Yes ☐ No ☐ Maybe ☐ Did not attend

2. **10:00 a.m.** _____ _____ _____
   Session No. Presenter's Name(s) Job Title
   a. Did this presenter give you ways to learn more about her career? ☐ Yes ☐ No
   b. Did attending this session increase your interest in this profession? ☐ Yes ☐ No
   c. Would you recommend this presenter's workshop to a friend? ☐ Yes ☐ No

3. **11:00 a.m.** _____ _____ _____
   Session No. Presenter's Name(s) Job Title
   a. Did this presenter give you ways to learn more about her career? ☐ Yes ☐ No
   b. Did attending this session increase your interest in this profession? ☐ Yes ☐ No
   c. Would you recommend this presenter's workshop to a friend? ☐ Yes ☐ No

4. **12:45 a.m.** _____ _____ _____
   Session No. Presenter's Name(s) Job Title
   a. Did this presenter give you ways to learn more about her career? ☐ Yes ☐ No
   b. Did attending this session increase your interest in this profession? ☐ Yes ☐ No
   c. Would you recommend this presenter's workshop to a friend? ☐ Yes ☐ No

5. **1:45 a.m.** _____ _____ _____
   Session No. Presenter's Name(s) Job Title
   a. Did this presenter give you ways to learn more about her career? ☐ Yes ☐ No
   b. Did attending this session increase your interest in this profession? ☐ Yes ☐ No
   c. Would you recommend this presenter's workshop to a friend? ☐ Yes ☐ No

6. **Closing Session** The closing session was interesting.
   ☐ Yes ☐ No ☐ Maybe ☐ Did not attend

7. I would recommend this conference to other girls.
   ☐ Yes ☐ No ☐ Maybe

8. Additional comments or suggestions?

*Thank you! Please turn this form in after the **Closing Session**.*