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Please  
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class  
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AMERICAN EDUCATION FOUNDATION  
EVALUATION COMMITTEE  
P.O. BOX 1685  
AMHERST, NY 14226

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## AMERICAN EDUCATION FOUNDATION SESSION 2 PLANNING CONFERENCE EVALUATION

Please take a moment to complete and return this self-mailer evaluation form after your individual conference. Your input will help evaluate the performance of your certified instructor, and determine the usefulness of this session. Once you have completed this evaluation, please fold and mail this form to the address preprinted on the other side.

The location of your AMEDF Chapter: \_\_\_\_\_

Who was your instructor? \_\_\_\_\_

Your session was scheduled and completed on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Which year in high school is your student? \_\_\_\_\_

Freshman      Sophomore      Junior      Senior

Please rate the following:

Usefulness of the information you were provided	Poor	Fair	Good
The value of the information you were provided	Poor	Fair	Good
The location of your conference facility was	Poor	Fair	Good
The quality of your conference facility was	Poor	Fair	Good
Your instructor's responsiveness to your questions	Poor	Fair	Good
Your instructor's professionalism	Poor	Fair	Good
Your instructor's knowledge of the subject	Poor	Fair	Good
Your instructor's courteousness	Poor	Fair	Good
Your instructor's availability to schedule your session	Poor	Fair	Good
The format and structure of the session	Poor	Fair	Good

Please answer the following:

Was the information provided	less than expected	as expected	more than expected
was the length of the session	less than expected	as expected	more than expected
Was the quality of the session	less than expected	as expected	more than expected
Was your instructor's knowledge	less than expected	as expected	more than expected
Was your satisfaction	less than expected	as expected	more than expected

Should your instructor be retained for this class in the future	Yes	No
Should we continue to fund these sessions in the future	Yes	No
Should we expand the materials covered by the instructor in the future	Yes	No
Was your instructor interested and responsive to your needs	Yes	No
Should this program be expanded through other venues such as schools & PTAs	Yes	No

Comments and suggestions:

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May we contact you for the purpose of verifying your responses

Yes      No

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Thank you for your comments and input. Your evaluation will be used to improve this program for future participants. Good luck in your college planning endeavors.