

WE WANT YOUR FEEDBACK

Date of this session: _____

How **VALUABLE** were the ideas, concepts, and educational materials presented?

10 9 8 7 6 5 4 3 2 1
(Highly) (Fairly) (Slightly) (Not)

How **EFFECTIVE** was the presentation of the material by our instructor/speaker?

10 9 8 7 6 5 4 3 2 1
(Highly) (Fairly) (Slightly) (Not)

Please tell us about your student(s):

	STUDENT 1	STUDENT 2	STUDENT 3
Name: (optional)	_____	_____	_____
Gender:	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> F
Current Grade:	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
Satisfied with SAT Scores?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Applied to college?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Accepted to college?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

To receive our informational newsletters and updates on admissions, financial aid, careers, and upcoming events, please provide either or both your mail or email contact information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

SESSION 2 REGISTRATION

A certified instructor of the AMEDF will conduct your session 2 with you in private. You will receive an estimated EFC report, an on-line access account for research*, and a resources packet.

This session is included in this community education workshop so is FREE of charges. The expenses, including instructor fees, of this session are underwritten by the AMEDF. We hope that the information you receive will help you ensure college success for your student.

Please provide your preferences for your Session 2:

Days: Mon Tue Wed Thu Fri
Time(s): Mornings Afternoons

Please provide your telephone contact for our administrator to schedule your Session 2:

Day: _____ Whom to ask for: _____
Eve: _____ Whom to ask for: _____

* Electronic resources are provided courtesy of College Solutions Network, LLC.

Contact us at: AMEDF, P.O. Box 1685, Amherst, NY 14226, www.amedf.org