

OMM Feedback Form

Thanks for coming to our OMM event. Please tell us more about your experience so we can plan more of these in the future.

1.) What rating would you give this event compared to other events at school? Select one answer.



Explain the reason for your rating here:

2.) Would you participate in an event like this again?

- ☐ Yes
- ☐ Unsure
- ☐ No

3.) What was your favorite part of this event?

4.) How could we improve this event in the future?

5.) What other events would you like the OMM club to host in the future?

6.) Would you like to learn more about the OMM club and mental health?

- ☐ Yes add your email address_____
- ☐ No

Thank you!

