

Outreach Evaluation

To be completed by teacher/leader/organizer of event.

School/Organization/Event_____

Grade / Age of Students_____

Teacher/Leader/Organizer Name_____

Contact Info. (Phone / email)_____

Presenter(s) Names_____

Please indicate your response by circling the appropriate number.

1 = strongly disagree ⇔ 5 = strongly agree

I gained knowledge about Biomedical Engineering	1	2	3	4	5
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The students gained knowledge about Biomedical Engineering	1	2	3	4	5
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The presentation stimulated student interest in BME	1	2	3	4	5
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The presenters demonstrated mastery of the material	1	2	3	4	5
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The presenters had a professional demeanor	1	2	3	4	5
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My expectations were fulfilled	1	2	3	4	5
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My expectations before this presentation were:

This outreach presentation could have been more informative by:

I am interested in receiving more information about Biomedical Engineering. **YES / NO**

I am interested in including this kind of Biomedical Engineering activity in my curriculum or event in future semesters. **YES / NO**

Please return this survey to:

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