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

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:

Department of Biomedical Engineering
University of Wisconsin-Madison
Room 2158 Engineering Centers Building
1550 Engineering Drive
Madison, WI 53706-1609
Fax: 608/265-9239
E-mail: tjpuccinelli@bme.wisc.edu