School/Organization/Event Grade / Age of Students Feacher/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 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	To be completed by teacher/leader/organizer of event.					
Grade / Age of Students						
Teacher/Leader/Organizer Name						
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						
Please indicate your response by circling the appropriate number. 1 = strongly disagree 5 = strongly agree I gained knowledge about Biomedical Engineering 1	-					
Please indicate your response by circling the appropriate number. 1 = strongly disagree 5 = strongly agree I gained knowledge about Biomedical Engineering 1	Contact Info. (Phone / email)					
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	The presenters had a professional demeanor	1	2	3	4	5
My expectations before this presentation were:	My expectations were fulfilled	1	2	3	4	5
	My expectations before this presentation were:					
		1	2	3		4
	This outreach presentation could have been more informative	e by:				
This outreach presentation could have been more informative by:						
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: tipuccinelli@bme.wisc.edu