

Safe on Campus Orientation Evaluation
(please fill out now and return at the end of the orientation session)

Date:

If you would like us to communicate with you about your remarks please indicate your name, phone, and e-mail address.

Please circle your level of agreement of the following statements using the scale below:

(1) Strongly Disagree (2) Disagree (3) Not Applicable (4) Agree (5) Strongly Agree

- | | |
|---|-----------|
| 1) My expectations were met during this orientation. | 1 2 3 4 5 |
| 2) I can apply what I learned in this orientation. | 1 2 3 4 5 |
| 3) I now have greater knowledge of the subject presented. | 1 2 3 4 5 |
| 4) Presenters communicated well. | 1 2 3 4 5 |
| 5) I felt comfortable sharing information and being myself. | 1 2 3 4 5 |
| 6) This orientation encouraged me to to become a better ally. | 1 2 3 4 5 |

7) I rate this orientation:

(1) Excellent (2) Good (3) Average (4) Fair (5) Poor

8) Which portion of the orientation did you find most helpful?

- (1) LBGT Identity Development (2) Coming Out Panel (3) Harassment
(4) Referral to Counseling (5) Digital Video Scenarios/Group Discussion

9) Is there anything that you wish the presenters had covered?

10) If you could change one thing about the orientation what would it be?

11) Any further suggestions or remarks?