COLLEGE DAY/NIGHT EVALUATION FORM

Site of Fair __________________________________________________________ Date __________

I represent a _____ 2 year college _____ 4 year college _____ Other
I am an _____ admissions representative _____ alumni representative _____ other

Please use the scale below to rate the fair in comparison to other programs you attend.

A – Outstanding
B – Above Average
C – Average
D – Below Average
E – Poor

Circle your response to the left of each number.

A B C D E 1. Pre-fair information (invitation, directions etc.)
A B C D E 2. Treatment upon arrival at the fair (check-in, assistance, hospitality)
A B C D E 3. Physical facilities/conditions (space, light, accessibility to table).
A B C D E 4. Overall attendance.
       _____ Approximate number of students spoken with at this program.
A B C D E 5. Length and time of the program.
A B C D E 6. Scheduling of program (coordination with state calendar).
A B C D E 7. Overall evaluation of this college fair.

Comments: ________________________________________________________________

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

OPTIONAL:
Name: __________________________________________ Title: _____________________________
Institution: ______________________________________________

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