



The Ohio Association for College Admission Counseling

Educate • Advocate • Connect • Prepare

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: _____