



**U.S Department of Education
Office of Safe and Drug-Free Schools
Partnerships in Character Education Program**

Evaluation Form

(Name of the meeting)

(Date of the meeting)

1. What is your current position(s) with the character education grant?

Check all that apply:

Project Director

Federal Government Staff

Teacher

State Government Staff

Evaluator

Other

Researcher

If other, list title:

School Counselor

2. Did the (name of the meeting) meet your expectations?

Exceeded my expectations

Met my expectations

Failed to meet my expectations

3. What was the best thing about (name of the meeting)?

4. What would you most like to change about (name of the meeting)?

5. What did you learn from (name of the meeting) that will help you in your work?

6. What topics or types of sessions would you like to see at future (name of the meeting)?

7. To what extent were you satisfied with the following sessions?

Very Satisfied Satisfied Dissatisfied Very Dissatisfied

(Date of the meeting) Sessions

Session title (TBA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session title (TBA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session title (TBA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session title (TBA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session title (TBA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session title (TBA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session title (TBA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session title (TBA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session title (TBA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session title (TBA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session title (TBA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. To what extent were you satisfied with the hotel (location and services)?

Very Satisfied Satisfied Dissatisfied Very Dissatisfied

9. Please provide any other comments that can assist us in making (name of the meeting) more useful.

Thank you for your comments and participation.

Paperwork Burden Statement: According to the Paperwork Reduction Act of 1995, an agency is not allowed to collect information unless it displays a valid OMB control number and no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is xxxx-xxxx. The time required to complete this information collection is estimated to average 5 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Office of Safe and Drug-Free Schools, U.S. Department of Education, 400 Independence Avenue, S.W., LBJ/Room 3E247, Washington, D.C. 20202-xxxx.

