

Student Involvement and Leadership Development Assessment Report Appendices

1.	Becoming a New Greek Evaluation	Pages 2-3
2.	NIU Cares Day Evaluations	Pages 4-6
3.	Volunteerism Evaluation s	Pages 7-9
4.	Dad's Weekend Evaluation	Page 10
5.	Mom's Weekend Evaluation	Page 11
6.	Parent's Association Evaluation	Page 12
7.	SILD Staff Training Evaluations	Pages 13- 26
8.	Tony Fusaro Leadership Institute Evaluations	Pages 27-29

Becoming A New Greek Pre-evaluation

Demographic Information

- Which Greek Chapter do you belong to?

<input type="checkbox"/> Alpha Delta Pi	<input type="checkbox"/> Gamma Phi Omega	<input type="checkbox"/> Sigma Alpha Epsilon
<input type="checkbox"/> Alpha Kappa Alpha	<input type="checkbox"/> Iota Phi Theta	<input type="checkbox"/> Sigma Phi Epsilon
<input type="checkbox"/> Alpha Kappa Lambda	<input type="checkbox"/> Kappa Alpha Psi	<input type="checkbox"/> Sigma Gamma Rho
<input type="checkbox"/> Alpha Phi	<input type="checkbox"/> Kappa Phi Lambda	<input type="checkbox"/> Sigma Kappa
<input type="checkbox"/> Alpha Phi Alpha	<input type="checkbox"/> Kappa Pi Beta	<input type="checkbox"/> Sigma Lambda Beta
<input type="checkbox"/> Alpha Phi Gamma	<input type="checkbox"/> Omega Delta	<input type="checkbox"/> Sigma Lambda Gamma
<input type="checkbox"/> Alpha Psi Lambda	<input type="checkbox"/> Phi Beta Sigma	<input type="checkbox"/> Sigma Lambda Sigma
<input type="checkbox"/> Alpha Sigma Alpha	<input type="checkbox"/> Phi Kappa Sigma	<input type="checkbox"/> Sigma Nu
<input type="checkbox"/> Alpha Sigma Omega	<input type="checkbox"/> Phi Kappa Theta	<input type="checkbox"/> Sigma Pi
<input type="checkbox"/> Chi Sigma Tau	<input type="checkbox"/> Phi Sigma Kappa	<input type="checkbox"/> Sigma Sigma Sigma
<input type="checkbox"/> Delta Gamma	<input type="checkbox"/> Phi Kappa Psi	<input type="checkbox"/> Tau Kappa Epsilon
<input type="checkbox"/> Delta Sigma Theta	<input type="checkbox"/> Pi Kappa Alpha	<input type="checkbox"/> Tau Phi Sigma
<input type="checkbox"/> Delta Zeta	<input type="checkbox"/> Pi Kappa Phi	<input type="checkbox"/> Zeta Phi Beta
- What is your year in school?

<input type="checkbox"/> Freshman	<input type="checkbox"/> Sophomore	<input type="checkbox"/> Junior	<input type="checkbox"/> Senior
-----------------------------------	------------------------------------	---------------------------------	---------------------------------
- Which semester did you join your Greek Chapter?

<input type="checkbox"/> Spring 2007	<input type="checkbox"/> Fall 2007
--------------------------------------	------------------------------------
- Which Greek Council do you belong to?

<input type="checkbox"/> IFC	<input type="checkbox"/> CPC	<input type="checkbox"/> MGC	<input type="checkbox"/> NPHC
------------------------------	------------------------------	------------------------------	-------------------------------

Assessment Questions

- Please list the four Greek Councils and a characteristic of each
- Please rank in order of importance:
 - Community __
 - Diversity __
 - Community __
 - Integrity __
 - Inclusion __
- I am confident in my time management abilities.

<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neutral or Unsure	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree
---	--------------------------------	--	-----------------------------------	--
- I understand how my chapter values and my personal values are aligned.

<input type="checkbox"/> Strongly Agree	<input type="checkbox"/> Agree	<input type="checkbox"/> Neutral or Unsure	<input type="checkbox"/> Disagree	<input type="checkbox"/> Strongly Disagree
---	--------------------------------	--	-----------------------------------	--

5. I can determine what is hazing.
- Strongly Agree Agree Neutral or Unsure Disagree Strongly Disagree
- a. Forcing new members to consume large amounts of alcohol is hazing.
- True False
- b. Having members dress in costumes as a joke is hazing?
- True False
6. I know the expatiations Greek Affairs at NIU has of me as a “new Greek.”
- Strongly Agree Agree Neutral or Unsure Disagree Strongly Disagree
7. I understand the behavior that is expected of me in regards to alcohol and other drugs and its consequences.
- Strongly Agree Agree Neutral or Unsure Disagree Strongly Disagree
8. I understand the definition of sexual assault and the consequences.
- Strongly Agree Agree Neutral or Unsure Disagree Strongly Disagree

Recruitment Questions

1. Why did you join a Greek Chapter? (check all that apply)
- To participate in social activities To participate in volunteer activities
 Family member was Greek I agree with the mission and values of my Greek Chapter
 My friends are Greek The people in my Greek Chapter were nice
 Networking benefits Other _____
 Everyone else was joining
 Something to do
2. Was a family member also involved in a Greek community?
- Yes No
3. If yes, did you join the same Greek Organization?
- Yes No
4. How did you hear about the Greek Chapter in which you belong?
- Campus Newspaper
 Recruitment Flyer
 Recruitment Information Session
 Friends
 Family
 Other Chapter Members
 Greek Affairs Website
 Other _____

NIU Cares Day 2007

Please review the items below (Feel free to use the back of the sheet). This information will be used to assist us in improving our NIU Cares Day Program for Spring 2008. Thank you in advance for your feedback.

Volunteer Assignment (circle one):	Check-in	Information/t-shirt table
	Site supervisor	Bus route/site floater
	Other: _____	

1) What was your overall impression of NIU Cares Day?

2) What information provided to you was beneficial?

3) What information would have been useful to have in advance?

4) Would you volunteer for NIU Cares Day next year? Yes / No

a. If no, please explain: _____

5) Please share any additional positive experiences or constructive feedback:



2008 Project Site Leader Evaluation

Thank you once again for serving as a Project Site Leader for NIU Cares Day 2008. As I mentioned during the orientations, the job of the PSL is among the most important, as you are the backbone of our project groups. I hope that you had a pleasant experience, interacting with NIU students and staff members during this event. Your input regarding your experience as a PSL is important. Please take the time to complete this form and either email to rharlow@niu.edu, drop into campus mail to Becky Harlow-Student Involvement & Leadership Development, or return to our office in 150 Campus Life Building.

- 1. Was this your first time serving as a PSL? YES NO
- 2. Did you attend one of the orientation sessions on April 14th or 17th? YES NO
 - a. If NO, why not? (circle those that apply)
 - None of the times worked in my schedule
 - I did it last year; I didn't need the information again.
 - Other: _____
 - b. If YES, did you feel as if all of your answers were clearly explained? YES NO
- 3. What was the most positive element of your experience as a PSL? _____
- 4. What could have been done to improve your experience as a PSL? _____
- 5. Would you serve as a PSL in future NIU Cares Day events? YES NO
- 6. Are you interested in serving on next year's NIU Cares Day planning committee?

Name _____ Email _____

- 7. Please use the space below to incorporate additional feedback.



2008 Community Partner Evaluation

Thank you once again for providing a work site for NIU Cares Day 2008. Your input regarding your experience as a Community Partner is important. Please take the time to complete this form and either fax it to (815) 753-2905 or mail to Becky Harlow, 150 Campus Life Building, NIU, DeKalb, IL 60115.

1. Was this your first time serving as a Community Partner? YES NO
2. On a scale of 1 (low) to 5 (high), please rate your experience with the following:
- a. Your interaction with the NIU Cares Day committee prior to the event _____
 - b. How well your organization's role in NIU Cares Day and expectations were explained _____
 - c. Your interaction with the NIU Cares Day work group(s) _____
 - d. The quality of work completed by the NIU Cares Day work group at your site(s) _____

3. Did you have any questions that were never answered by a member of the NIU Cares Day committee?

4. How did your organization benefit from NIU Cares Day 2008? _____

5. What could have been done to improve your experience with the event? _____

6. Would you consider hosting an NIU Cares Day work group next year? YES NO

7. Are you interested in serving on the NIU Cares Day 2009 planning committee?

Name _____ Email _____

8. Please use the space below to include additional feedback.

VOLUNTEER FAIR SURVEY

Participating Agency

We want to thank you for taking the time to come and be a part of our 2nd annual NIU Volunteer Fair. Without participating agencies this event could not happen and it is important for our students to know what type of volunteer opportunities exist for them to take part in. Please take a moment to fill out this survey so we know what we are doing well and what we can improve upon.

Please circle only one response.

	Agree Greatly 1	Agree 2	Neutral 3	Disagree 4	Disagree Greatly 5
Date and time of the volunteer fair was convenient for me.					
Location was easy to find.	1	2	3	4	5
Table space was sufficient for my display.	1	2	3	4	5
I felt the number of students I talked to was worth my time.	1	2	3	4	5
The interactions I had with students were positive.	1	2	3	4	5
I believe that some of the students that I talked to will follow through.	1	2	3	4	5
I would be interested in participating in future NIU volunteerism events.	1	2	3	4	5

What suggestions do you have for next year's volunteer fair?

Would you be interested in being a part of NIU Cares Day 2008 in the Spring? (please circle Yes or No) (if yes, we will contact you with more information later if you sign up on the clipboard for NIU Cares Day)

YES

NO

Any other comments?

VOLUNTEER FAIR SURVEY

Student

We want to thank you for taking the time to come and be a part of our annual NIU Volunteer Fair. It is our goal to provide students with information about volunteer opportunities in their community. Please take a moment to fill out this survey so we know what we are doing well and what we can improve upon.

Please circle only one response.

	Greatly Agree	Agree	Neutral	Disagree	Greatly Disagree
1. Date and time of the volunteer fair was convenient for me.	1	2	3	4	5
2. Location was easy to find.	1	2	3	4	5
3. I found at least one place I may choose to volunteer.	1	2	3	4	5
4. I thought there were enough agencies to make it worth my time.	1	2	3	4	5
5. I will follow through and volunteer with at least one of the agencies.	1	2	3	4	5
6. I am interested in participating in future NIU volunteerism events.	1	2	3	4	5

What suggestions do you have for next year's volunteer fair?

Would you be interested in being a part of NIU Cares Day in the Spring? (please circle Yes or No)

YES

NO

Any other comments?

**NIU Department of Student Involvement & Leadership Development
Volunteerism Event Evaluation**

Project Completed: _____

Use the following key for the statements listed below: 5- Strongly Agree; 4- Agree; 3- Neither Agree nor Disagree; 2- Disagree; 1- Strongly Disagree

	Low.....High				
The project met my expectations.	1	2	3	4	5
The project appeared to have an impact on the community.	1	2	3	4	5
I would recommend SILD volunteer programs to others.	1	2	3	4	5

What drove you to sign up to help with this particular volunteer project?

Please describe the impact you believe this project will have on the community.

I am a member of the volunteerism email list serv. YES NO

I regularly complete community service work. YES NO

Make any additional comments on the back of this sheet. If you would like a follow up regarding your feedback, please provide us with a name, phone, and email address to contact you.

**NIU Department of Student Involvement & Leadership Development
Volunteerism Event Evaluation**

Project Completed: _____

Use the following key for the statements listed below: 5- Strongly Agree; 4- Agree; 3- Neither Agree nor Disagree; 2- Disagree; 1- Strongly Disagree

	Low.....High				
The project met my expectations.	1	2	3	4	5
The project appeared to have an impact on the community.	1	2	3	4	5
I would recommend SILD volunteer programs to others.	1	2	3	4	5

What drove you to sign up to help with this particular volunteer project?

Please describe the impact you believe this project will have on the community.

I am a member of the volunteerism email list serv. YES NO

I regularly complete community service work. YES NO

Make any additional comments on the back of this sheet. If you would like a follow up regarding your feedback, please provide us with a name, phone, and email address to contact you.

**NIU Dads' Weekend
Full Program Evaluation
February 1-2, 2008**

Dad (optional) _____ **Student (optional)** _____

Is this the first Parents' Association event you have attended?	Yes	No
Did you enjoy your visit to campus?	Yes	No
Are you a Parents' Association member?	Yes	No
If not, would you be interested in receiving information on becoming a member?	Yes	No
Based on your experience, would you recommend Parents' Association events to others?	Yes	No

Please rate the quality of each process / program based on your experience:
 1=Did not attend / NA 2=Poor 3=Did Not Meet Expectations 4=Met Expectations 5= Exceeded Expectations

Schedule of activities planned/offered for Dads' Weekend	1	2	3	4	5
Value of money spent on Dads' Weekend events	1	2	3	4	5
Hotel check-in	1	2	3	4	5
Dads' Weekend check-in	1	2	3	4	5
Evening Reception in the HSC gallery	1	2	3	4	5
Kick-off Party at the Huskie Den	1	2	3	4	5
Continental Breakfast	1	2	3	4	5
Cross-Country Skiing Trip	1	2	3	4	5
'Taste of DeKalb' Progressive Lunch	1	2	3	4	5
Basketball game seats and shuttle	1	2	3	4	5
CAB Casino Night	1	2	3	4	5
Your enjoyment regarding the atmosphere and interactions	1	2	3	4	5
Please rate the overall level of customer service you received	1	2	3	4	5
Please give an overall rating to Dads' Weekend 2008	1	2	3	4	5

Did Dads' Weekend provide opportunities for you and your family to experience NIU life together?
 Yes No

Do you plan on attending activities during Dads' Weekend 2009?
 Yes No

What impressed you during your visit to NIU?

- What are some suggestions for improving Dads' Weekend in the future?
- 1.
 - 2.

Please feel comfortable using the bottom of this form to write any general comments or email me at rharlow@niu.edu. Thank you for your time and energy in participating in Dad's Weekend 2008!!

**NIU Moms' Weekend
Full Program Evaluation
March 26-28, 2008**

Mom (optional) _____ **Student (optional)** _____

- | | | |
|--|-----|----|
| Is this the first Parents' Association event you have attended? | Yes | No |
| Did you enjoy your visit to campus? | Yes | No |
| Are you a Parents' Association member? | Yes | No |
| If not, would you be interested in receiving information on becoming a member? | Yes | No |
| Based on your experience, would you recommend Parents' Association events to others? | Yes | No |

Please rate the quality of each process / program based on your experience:

1=Did not attend / NA 2=Poor 3=Did Not Meet Expectations 4=Met Expectations 5= Exceeded Expectations

- | | | | | | |
|---|---|---|---|---|---|
| 1. Schedule of activities planned/offered for Moms' Weekend | 1 | 2 | 3 | 4 | 5 |
| 2. Value of money spent on Moms' Weekend events | 1 | 2 | 3 | 4 | 5 |
| 3. Hotel check-in | 1 | 2 | 3 | 4 | 5 |
| 4. Moms' Weekend check-in | 1 | 2 | 3 | 4 | 5 |
| 5. Evening Reception in the HSC gallery | 1 | 2 | 3 | 4 | 5 |
| 6. Game Night | 1 | 2 | 3 | 4 | 5 |
| 7. Breakfast Buffet | 1 | 2 | 3 | 4 | 5 |
| 8. Moms Appreciation Lunch | 1 | 2 | 3 | 4 | 5 |
| 9. 'Hands-On Moms' Craft Afternoon | 1 | 2 | 3 | 4 | 5 |
| 10. Please rate your enjoyment regarding the atmosphere and interactions. | 1 | 2 | 3 | 4 | 5 |
| 11. Please rate the overall level of customer service you received. | 1 | 2 | 3 | 4 | 5 |
| 12. Please give an overall rating to Moms' Weekend 2008. | 1 | 2 | 3 | 4 | 5 |

13. Did Moms' Weekend provide opportunities for you and your student to experience NIU life together?
Yes No

14. Do you plan on attending activities during Moms' Weekend 2009?
Yes No

What impressed you during your visit to NIU?

What are some suggestions for improving Moms' Weekend in the future?

- 1.
- 2.

Please feel comfortable using the backside of this form to write any general comments or email us at parents@niu.edu. Return this evaluation to the hotel desk, give to any Parents' Association staff members, or mail to us at 150 Campus Life Building, NIU, DeKalb, IL 60115.

Thank you for your time and energy in participating in Moms' Weekend 2008!!

Parents' Association Survey

Are you a member of the NIU Parents' Association?

Yes No

How did you hear about Parents' Association?

Student Orientation Day Table Website Flier Other _____

What year is your student(s)?

First Year Second Year Third Year Fourth Year Fifth Year

Are you planning to participate in Family Weekend (September 14-16)?

Yes No

If no why not?

Not interested Bad timing Too Expensive Other _____

Would you be interested in attending follow-up Parents' Association meetings?

Yes No

If yes where would be most convenient for you?

DeKalb area Naperville area Hoffman Estates area Rockford area

What type of topics would you be interested in learning more about?

Academics Student Affairs Family Educational Rights and Privacy Act (FERPA)

Health Insurance Portability and Accountability Act (HIPPA) Athletics

Other _____ (please specify)

What do you expect from the NIU Parents' Association?

What could we do to serve you as a parent better?

Anything else you would like to share?

Would you be interested in volunteering your time to plan Parents' Association events and communicating with our members? Please print your name, email address, and phone number below.

We appreciate your taking the time to complete this survey, which will help us to serve you better!

If you have any questions or concerns please call us at 815-752-2222.

Student Involvement & Leadership Development Summer 2007 Training Session Evaluation

Please take the time to fill out the survey. Your answers will ensure that SILD's training will continue to improve and meet the needs of new and current staff.

HSC Staff Meeting	Disagree					Agree
1. The HSC Staff Meeting helped me gain an deeper understanding of resources within HSC	1	2	3	4	5	
2. I feel comfortable going to the HSC for programming assistance.	1	2	3	4	5	
3. Overall, the HSC Staff Meeting was beneficial.	1	2	3	4	5	

Comments:

Assessment	Disagree					Agree
1. The Assessment Training helped me gain deeper insight into how to assess programs and events.	1	2	3	4	5	
2. I feel comfortable creating an assessment tool.	1	2	3	4	5	
3. Overall, the Assessment Training was beneficial.	1	2	3	4	5	

Comments:

Please review the items below (Feel free to use the back of the sheet). This information will be used to assist us in improving our Summer Training Sessions. Thank you in advance for your feedback.

4) What was the most useful information provided in training?

5) What information was not useful?

6) What information or aspect of the training should have been covered in greater depth?

7) What information was not covered? Please include suggestions for future training topics.

8) Please share any additional positive experiences or constructive feedback:

Student Involvement & Leadership Development Spring 2008 Training Evaluation Report: January 9, 2008

Please take the time to fill out the survey. Your answers will ensure that SILD's training will continue to improve and meet the needs of new and current staff.

Assessment	Disagree					Agree
1. The Assessment Training helped me gain deeper insight into how to assess programs and events.	1	2	3	4	5	
2. I feel comfortable creating an assessment tool.	1	2	3	4	5	
3. Overall, the Assessment Training was beneficial.	1	2	3	4	5	

Comments:

Social Policy: On-Campus	Disagree					Agree
1. The On-Campus Social Policy Training helped me to understand the on-campus specific aspects of the new Social Events Policy	1	2	3	4	5	
2. I fully understand the on-campus specific aspects of the new Social Events policy	1	2	3	4	5	
3. Overall, the On-Campus Social Policy Training was beneficial.	1	2	3	4	5	

Comments:

How to Spot a Troubled Student	Disagree					Agree
1. The Spotting Troubled Students Training equipped me with the ability to recognize signs a troubled student might display	1	2	3	4	5	
2. The training has raised my awareness of ways of helping troubled students.	1	2	3	4	5	
3. Overall, the Spotting Troubled Students Training was beneficial.	1	2	3	4	5	

Comments:

Social Policy: Off-Campus	Disagree					Agree
1. The Social Policy Training helped me to understand the off-campus specific aspects of the new Social Events Policy	1	2	3	4	5	
2. I fully understand the off-campus specific aspects of the new Social Events policy	1	2	3	4	5	
3. Overall, the Off-Campus Social Policy Training was beneficial.	1	2	3	4	5	

Comments:

Advising II	Disagree					Agree
1. Advising II training helped me reassess my advising ability	1	2	3	4	5	
2. Advising II training increased my confidence in my ability to advise student groups	1	2	3	4	5	
3. Overall, the Advising II training was beneficial.	1	2	3	4	5	

Comments:

Please review the items below (Feel free to use the back of the sheet). This information will be used to assist us in improving our Spring Training Sessions. Thank you in advance for your feedback.

4) What was the most useful information provided in training?

5) What information was not useful?

6) What information or aspect of the training should have been covered in greater depth?

7) What information was not covered? Please include suggestions for future training topics.

8) Please share any additional positive experiences or constructive feedback:

Student Involvement & Leadership Development Spring 2008 Training Evaluation Report: January 10, 2008

Please take the time to fill out the survey. Your answers will ensure that SILD's training will continue to improve and meet the needs of new and current staff.

Annual Goals	Disagree					Agree
1. I have a better understanding of each area's role in meeting SILD goals.	1	2	3	4	5	
2. I have a better understanding of my role in completing SILD goals.	1	2	3	4	5	
3. I understand the direction SILD will take for the next academic year.	1	2	3	4	5	
4. Overall, the Annual Goals session was beneficial.	1	2	3	4	5	

Comments:

Race and Diversity (R&D)

1. Identify at least one issue that NIU students face regarding race and diversity.

2. Please identify 2 ways that SILD can demonstrate its continued commitment to diversity through program planning and departmental initiatives.

Race and Diversity (R&D)	Disagree				Agree
1. This session served to challenge and/or provide new insight into my notions of race and diversity	1	2	3	4	5
2. I feel the forum was well suited to discuss issues of race and diversity.	1	2	3	4	5
3. Overall, the R&D session was beneficial.	1	2	3	4	5

Comments:

Spring Initiatives	Disagree				Agree
1. I understand my role in the completion of SILD's spring programming	1	2	3	4	5
2. Overall, the Spring Initiatives session was beneficial.	1	2	3	4	5

Comments:

Please review the items below (Feel free to use the back of the sheet). This information will be used to assist us in improving our Spring Training Sessions. Thank you in advance for your feedback.

3) What was the most useful information provided in training?

4) What information was not useful?

5) What information or aspect of the training should have been covered in greater depth?

6) What information was not covered? Please include suggestions for future training topics.

7) Please share any additional positive experiences or constructive feedback:

Student Involvement & Leadership Development Summer 2007 Training Evaluation

Please take the time to fill out the survey. Your answers will ensure that SILD's training will continue to improve and meet the needs of new and current staff.

NIU/Division Overview	Disagree					Agree
1. The NIU/Division Overview increased my confidence in my role in SILD.	1	2	3	4	5	
2. The NIU/Division Overview increased my confidence in my knowledge of NIU.	1	2	3	4	5	
3. Overall, the NIU/Division Overview was beneficial.	1	2	3	4	5	

Comments:

HSC Tour	Disagree					Agree
1. The HSC Tour increased my confidence in navigating the HSC.	1	2	3	4	5	
2. The HSC tour increased my confidence in my role in SILD	1	2	3	4	5	
3. Overall, the HSC tour was beneficial.	1	2	3	4	5	

Comments:

Professional Expectations & Annual Goals (PE&AG)

Disagree

Agree

- | | | | | | |
|--|---|---|---|---|---|
| 1. The PE&AG increased my confidence in my role in SILD. | 1 | 2 | 3 | 4 | 5 |
| 2. The NIU/Division Overview increased my confidence in my knowledge of NIU. | 1 | 2 | 3 | 4 | 5 |
| 3. Overall, the PE&AG was beneficial. | 1 | 2 | 3 | 4 | 5 |

Comments:

Student Affairs & Department Policies (SA&DP)

Disagree

Agree

- | | | | | | |
|--|---|---|---|---|---|
| 1. The SA&DP increased my confidence in my role in SILD. | 1 | 2 | 3 | 4 | 5 |
| 2. The SA&DP increased my confidence in my knowledge of NIU. | 1 | 2 | 3 | 4 | 5 |
| 3. Overall, the SA&DP was beneficial. | 1 | 2 | 3 | 4 | 5 |

Comments:

CLB Tour	Disagree				Agree
1. The CLB tour increased my knowledge of available resources in the CLB	1	2	3	4	5
2. The CLB tour increased my confidence in my role in SILD	1	2	3	4	5
3. Overall, the CLB tour was beneficial.	1	2	3	4	5

Comments:

Advising	Disagree				Agree
1. Advising training helped me under the NIU student culture.	1	2	3	4	5
2. Advising training increased my confidence in my ability to advise student groups	1	2	3	4	5
3. Overall, the Advising training was beneficial.	1	2	3	4	5

Comments:

HSC Staff Meeting	Disagree				Agree
1. The HSC Staff Meeting helped me gain an deeper understanding of resources within HSC	1	2	3	4	5
2. I feel comfortable going to the HSC for programming assistance.	1	2	3	4	5
3. Overall, the HSC Staff Meeting was beneficial.	1	2	3	4	5

Comments:

Assessment	Disagree				Agree
1. The Assessment Training helped me gain deeper insight into how to assess programs and events.	1	2	3	4	5
2. I feel comfortable creating an assessment tool.	1	2	3	4	5
3. Overall, the Assessment Training was beneficial.	1	2	3	4	5

Comments:

Please review the items below (Feel free to use the back of the sheet). This information will be used to assist us in improving our Summer Training Sessions. Thank you in advance for your feedback.

4) What was the most useful information provided in training?

5) What information was not useful?

6) What information or aspect of the training should have been covered in greater depth?

7) What information was not covered? Please include suggestions for future training topics.

8) Please share any additional positive experiences or constructive feedback:

Tony Fusaro Leadership Conference (T.F.LC.)

Breakout Session Evaluation

January 27, 2007

Session Title: _____

Presenter(s): _____

Please use the following rating scale for the following four questions.

1= Strongly disagree 2= Disagree 3=Agree 4= Strongly agree

	SD	D	A	SA
1. The presenter(s) was knowledgeable about the topic presented.	1	2	3	4
2. There was time for questions at during the session.	1	2	3	4
3. This presenter should be invited to speak at future sessions.	1	2	3	4
4. This session should be offered again.	1	2	3	4

What are the three most important things you learned in this session?

- 1.
- 2.
- 3.

What are three things you thought would be covered but were not?

- 1.
- 2.
- 3.

In what ways can this session be improved for the future?

- 1.
- 2.
- 3.

Please write any general or additional comments about this session on the back of this form.

Thank You

**Tony Fusaro Leadership Institute (T.F.LI.)
Full Conference Evaluation
February, 9 2008**

EVALUATION

Is this the First Greek Leadership Conference you have attended?	Yes	No
Do you feel the conference was beneficial to you?	Yes	No
Would you recommend future chapter officers attend T.F.L.I.?	Yes	No

1= Strongly agree 2= Agree 3=Neutral 4=Disagree 5= Strongly disagree

- | | | | | | |
|---|---|---|---|---|---|
| 1. This institute gave me a better vision for the direction of the Greek Community. | 1 | 2 | 3 | 4 | 5 |
| 2. The conference ran efficiently and was well organized. | 1 | 2 | 3 | 4 | 5 |
| 4. The sessions offered were relevant topics. | 1 | 2 | 3 | 4 | 5 |

What are the three most valuable pieces of knowledge that you took away from this institute? (Please include one from each session you attended)

- 1.
- 2.
- 3.

Name two parts of the institute that you would change and why.

- 1.
- 2.

What additional (if any) training/skills/topics would you like to see discussed in the future?

What are the three most important skills or areas of knowledge that you gained/improved as a result of the Tony Fusaro Greek Leadership Institute that you feel will help serve the student leaders within the organizations?

- 1.
- 2.
- 3.

Please write any general comments about the Tony Fusaro Leadership Institute.

SESSION EVALUATIONS

Please list and rank, in terms of effectiveness, the first session you went to (1 = lowest, 5 = highest)

Session 1: _____ 1 2 3 4 5

What new leadership skills or areas of knowledge did you learn as a result of this session?

How are you planning on implementing your newly acquired leadership skills or areas of knowledge into your chapter, your council, or the Greek Community as a whole?

What changes would you recommend making for this session?

Please list and rank, in terms of effectiveness, the second session you went to (1 = lowest, 5 = highest)

Session 2: _____ 1 2 3 4 5

What new leadership skills or areas of knowledge did you learn as a result of this session?

How are you planning on implementing your newly acquired leadership skills or areas of knowledge into your chapter, your council, or the Greek Community as a whole?

What changes would you recommend making for this session?

Please list and rank, in terms of effectiveness, the third session you went to (1 = lowest, 5 = highest)

Session 3: _____ 1 2 3 4 5

What new leadership skills or areas of knowledge did you learn as a result of this session?

How are you planning on implementing your newly acquired leadership skills or areas of knowledge into your chapter, your council, or the Greek Community as a whole?

What changes would you recommend making for this session?