

Participant Feedback Form template

1. How old are you?	_____
2. What is your gender?	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other
3. What best describes your role?	<input type="radio"/> OLC student <input type="radio"/> Community member <input type="radio"/> OLC staff <input type="radio"/> OLC faculty <input type="radio"/> Other
4. If you are an OLC student: In which department are you pursuing a degree?	<input type="radio"/> Business <input type="radio"/> Humanities and Social Science <input type="radio"/> Education <input type="radio"/> Lakota Studies <input type="radio"/> Math, Science, and Technology <input type="radio"/> Nursing <input type="radio"/> Social Work <input type="radio"/> Vocational Education <input type="radio"/> Graduate Studies <input type="radio"/> Other
5. If you are an OLC student: How many semesters have you completed at OLC?	<input type="radio"/> 0 <input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5-8 <input type="radio"/> 9 or more
6. How useful was this event for you?	<input type="radio"/> Very useful <input type="radio"/> Useful <input type="radio"/> Somewhat useful <input type="radio"/> Not very useful <input type="radio"/> Not useful at all
7. What was most useful at this event?	<input type="radio"/> [Topic A] <input type="radio"/> [Topic B] <input type="radio"/> [Topic C]

	<ul style="list-style-type: none">○ [Topic D]
8. What was least useful at this event?	<ul style="list-style-type: none">○ [Topic A]○ [Topic B]○ [Topic C]○ [Topic D]
9. What future events would you like to see organized?	