
D3 EVALUATION FORM

EVENT DATE:

EVENT TITLE:

1. How did you learn about this D3 event?

Drexel Digest

Mass e-mail

Course instructor or other faculty member

Word of mouth

Other:

2. Have you been to a D3 before?

YES

NO

3. Would you attend a D3 in the future?

YES

NO

4. How would you rate this event overall?

Not So Good

Excellent

1

2

3

4

5

5. What did you most enjoy/learn/appreciate during this event?

6. Recommendations for changes?

7. Any other comments?