

**INTERNATIONAL STUDENT FIELD STUDIES PROGRAM EVENT EVALUATION**

<u>NAME</u> : (OPTIONAL)		<u>RANK/RATE</u> : (OPTIONAL)
<u>COUNTRY</u> : (OPTIONAL)	<u>STUDENT ID NUMBER</u> : (OPTIONAL)	<u>SECTION</u> : (IF APPLICABLE/OPTIONAL)
<u>EVENT(S)/TOPIC(S)</u> :		
<u>DATE(S)</u> :		
WERE YOU ABLE TO RECOGNIZE HOW THE OBJECTIVES AND AREAS OF EMPHASIS (SEE BLOCKS 5 AND 6 OF FSP EVENT LESSON PLAN) PERTAINING TO THIS FSP EVENT RELATED TO THE TOPIC/EVENT?  YES _____ NO _____		
<b>RATE THE EVENT: (CHECK WHICH ONE APPLIES)</b> OUTSTANDING _____ ABOVE AVERAGE _____ AVERAGE _____ BELOW AVERAGE _____ POOR _____		
<u>REMARKS</u> : (PLEASE PROVIDE YOUR COMMENTS ABOUT THIS FSP EVENT. IF YOU NEED ADDITIONAL SPACE, CONTINUE ON REVERSE.)		

NOTE: This evaluation should be completed by each student following the completion of each Field Studies Program activity.