



**Student National Dental Association
2017 – 2018 Standards Program Evaluation Form**

Please put a check next to the shared principle your program fulfills a standard for:

_____ Educational Programming _____ Alumni/Graduate Network Relations
_____ Service and Outreach

Chapter/School: _____

Date of Program/Event: _____ Location of Program/Event: _____

Title of Program/Event: _____

Presenter/Facilitator (if applicable): _____

Co-Sponsor (if applicable): _____

Total # of Participants: _____

of Chapter Members in Attendance: _____

*Please note: When evaluating forms, SNDA will only take into account National registered chapter members..

What were the goals of this program?

How effectively did the program meet these goals?

What could have been better about this program?

On a scale of 1-10, how would you rate this program?

LOW 1 2 3 4 5 6 7 8 9 10 High

Please attach additional documentation of the event (pictures, flyers, and etc.).