

INTERNATIONAL STUDENT IP EVENT EVALUATION SHEET

<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 OBJECTIVE(S) AND AREAS OF EMPHASIS (SEE BLOCKS 6 AND 6 OF IP EVENT LESSON PLAN) PERTAINING TO THIS IP EVENT RELATED TO THE TOPIC/EVENT? <div style="display: flex; justify-content: space-around; margin-top: 20px;"> YES _____ NO _____ </div>		
REMARKS: (PLEASE PROVIDE YOUR COMMENTS ABOUT THIS IP EVENT. IF YOU NEED ADDITIONAL SPACE, CONTINUE ON REVERSE)		

NOTE: One of these forms should be filled out by each student following the completion of each Informational Program activity

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