

AST SUMMARY REPORT

PROGRAM PARTICIPANT EVALUATION FORMS

State Assembly: _____

Title of Continuing Education Event: _____

Title of Lecture	Excellent	Satisfactory	Unsatisfactory

Total number of participants: _____

Total number of returned participant surveys: _____

Summary of Participants Comments:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

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19. _____
20. _____

Attention State Assembly Contact Person: Keep on file for Annual Report and Audit purposes.