



Georgia Vocational Rehabilitation Agency

Post-Activity Survey

Name of Student: _____ Date _____

Activity Title: _____ Location: _____

3 – Strongly Agree

2 – Somewhat Agree

1 – Do Not Agree

Score

- | | |
|--|-------|
| 1. I participated to the best of my ability | _____ |
| 2. The information was engaging | _____ |
| 3. The information shared will help me get a job | _____ |
| 4. The instructors supported my needs | _____ |
| 5. I would recommend this to another student | _____ |

What are your career interests?

Did this activity support your career interests?

Yes No

What did you learn from this activity?

What was your favorite part of this activity?

How will this help you in achieving your career goal?

Any suggestion for future activities?
