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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?

\_\_\_\_\_

\_\_\_\_\_