



COLLEGE FAIR EVALUATION

Representative name: _____

Date of College Fair: _____ Time: _____

Day of the week: _____

College fair location (School, Convention Center, etc.): _____

City & state: _____

Number of students who visited your table: _____

Number of cards filled out: _____

Approximate number of parents: _____

Number of counselors & teachers: _____

Comments about the fair that would help in planning to participate again in this fair, or that would make us more effective, (i.e. student preparedness [ACT, grades, info], materials, information, number of students interested.)

Please fill out this form and return it with the cards in the envelope provided.