



I KNOW I CAN

Volunteer Evaluation Form

Please take a moment to fill out this evaluation.
Your comments are important to us and the success of this program.

Date of Presentation: _____ **Community:** _____
Teacher's Name: _____ **School:** _____
Name: _____ **Phone:** _____ **Email:** _____

IKIC Program and Preparation	Strongly Agree	Agree	Disagree	Strongly Disagree
I participated in the Volunteer Training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Volunteer Training helped me feel prepared.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Volunteer Packet helped me feel adequately prepared for this event.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This event was well organized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This was an enjoyable experience for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would like to volunteer again for future "I Know I Can" or similar events.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please share any additional comments (use back if needed):

Please return this form to the Alaska Commission on Postsecondary Education by one of the following methods:
 Email: shelly.morgan@alaska.gov; Fax: 907-269-7991
 Mail: 800 East Dimond Blvd., Ste. 200 Anchorage, AK 99515

Thank you!