

**Tab N**

**International Student IP Event Evaluation Sheet**

<b><u>Name:</u> (Optional)</b>		<b><u>Rank/Rate:</u> (Optional)</b>
<b><u>Country:</u> (Optional)</b>	<b><u>Student ID Number:</u> (Optional)</b>	<b><u>Section:</u> (If Applicable. Optional)</b>
<b><u>Events(s)/Topics:</u></b>		
<b><u>Date(s):</u></b>		
<b>Were you able to recognize how the objective(s) and areas of emphasis (See blocks 5 and 6 of IP event lesson plan) pertaining to this IP event related to the Topic/Event?</b>  Yes _____ No _____		
<b>Remarks: (Please provide your comments about this IP event. If you need additional space, continue on reverse)</b>		

***Note: One of these forms should be filled out by the senior escort the first day of duty following completion of each Informational Program activity***