**Multicultural Programs Committee | Post-Program Assessment Form**

**Name: Date:**

**Net ID:**

**Name of Program:**

**Date, Time and Location of Program:**

**Total Number of Participants:**

**Did this program provide with the following experiences?**

Sense of unity Yes No

Sense of belonging Yes No

Contact with students from different backgrounds Yes No

Connection with students Yes No

Connection with faculty and staff Yes No

Connection to support services & organizations Yes No

Cultural appreciation Yes No

Learning about diversity and inclusion Yes No

Learning about diverse identities Yes No

**Rate your level of comfort as related to the following:**

***1 = Very Low 2 = Low 3 = Moderate 4 = High 5 = Very High***

Holding a conversation about 1 2 3 4 5

diversity and inclusion with your peers.

Holding a conversation about 1 2 3 4 5

diversity and inclusion with someone

from a different cultural background than yours.