

Evaluation of the Dialogue

1. Did you enjoy the dialogue?	Yes	No	Uncertain
2. Would you attend another, more focused dialogue?	Yes	No	Uncertain
3. Would you bring a friend?	Yes	No	Uncertain

Which topics would you like to spend more time discussing?

Other Comments:

Would you be interested in becoming a dialogue facilitator?	Yes	No
Can we contact you regarding future dialogues?	Yes	No

If yes, please provide your email address _____

Is there any other people, faculty, staff, students, or community members, on or around campus that we ought to include in future dialogues? If so, please list them below.

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____