



PRESENTER'S SURVEY and CEU REQUEST FORM

DATE OF PRESENTATION:

NAME OF SCHOOL/ORGANIZATION:

NUMBER OF STUDENTS IN ATTENDANCE:

AGE RANGE OF STUDENTS:

LENGTH OF TALK/PRESENTATION:

DID YOU FIND THE VIDEOS HELPFUL?

DID YOU SET UP REALTIME?

HOW DID YOU FEEL ABOUT IT?

ANY TAKERS?

SIGNATURE OF PERSON IN CHARGE: _____
(Required for CEU credits)

Please return to WCRA c/o the address below or by e-mail as soon as possible so we that can compile this information.

Thank you very much for your time and efforts.

**Connie Church
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