

STUDENT PROGRAM FORMS

**Students & Scientists Breast Cancer/Environment Research Program
Student Program Evaluation**

Date:

Name:

Name of High School:

Name of Laboratory/Research Facility:

1) Did the lab/research experience meet your expectations as being educational and stimulating?

Very

Somewhat

Not at all

Please briefly explain:

2) Do you feel that the lab/research facility covered enough on the link between breast cancer and the environment?

Yes

Somewhat

Not enough

Please briefly explain:

3) Was there enough supervision and guidance given in the lab?

Yes

Somewhat

Not at all

Please briefly explain:

4) Would you recommend that other students from your high school apply for this internship program next summer?

Yes, definitely

Maybe

Not at all

If you responded maybe or not at all, please explain why:

HOUSING & MEALS:

1) Were your housing accommodations satisfactory? (ie: clean, security, convenient location)

Yes, very

Somewhat

Not at all

Please briefly explain:

2) Was the meal plan and meals provided at the university cafeteria (or other facility provided) satisfactory?

Yes, very

Somewhat

Not at all

Please briefly explain:

ADDITIONAL COMMENTS AND SUGGESTIONS
