

## National BYBS Week Presentation Evaluation Form

Participant Name: \_\_\_\_\_

Program Name & Year: \_\_\_\_\_

High School: \_\_\_\_\_

Expected Year of Graduation: \_\_\_\_\_

Presentation Location (elementary school, Boys & Girls Club, YMCA, etc.):

\_\_\_\_\_  
Presentation Location Address: \_\_\_\_\_

\_\_\_\_\_

Date & time of presentation: \_\_\_\_\_

How many participants attended the presentation: \_\_\_\_\_

# of boys: \_\_\_\_\_

# of girls: \_\_\_\_\_

(Please make sure that these two #s equal the total number that attended the presentation.)

Age range: \_\_\_\_\_

Ethnicities represented (please circle):

Hispanic/Latino American

Indian/Alaska Native

Asian

Black/African American

Native Hawaiian/Other Pacific Islander

White

Summarize the presentation (Attach additional sheets if needed): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Note: Participants may make presentations to multiple groups.

Please complete a separate form for each presentation.

\*Please return this form via mail, email, or fax no later than May 15, 2017.

Distinguished Young Women  
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