



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, 2019.

Distinguished Young Women
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