DIAC Event Evaluation Form. Name and date of event: ________________________________

1. This event addressed worthwhile or important issues.
   Strongly Agree___ Somewhat agree___ No Opinion___ Somewhat disagree___ Strongly Disagree___

2. This event provided me with knowledge, skills, or ideas that I can use to help create more inclusive experiences on campus.
   Strongly Agree___ Somewhat agree___ No Opinion___ Somewhat disagree___ Strongly Disagree___

3. I felt safe to participate and to contribute my ideas at this event.
   Strongly Agree___ Somewhat agree___ No Opinion___ Somewhat disagree___ Strongly Disagree___

4. What did you like best about this event?

5. What could be improved about this event?

6. Which describes you best?
   ___Student
   ___Faculty   ___Non-teaching faculty
   ___Staff     ___ Classified Staff     ___ PACES employee
   ___Community Member    ___ Other: ____________________________________________

7. I would be interested in attending the following types of DIAC events in the future:

   **Event Format:**
   ___ hands-on, interactive workshops
   ___ guest speakers
   ___ film screenings
   ___ town halls
   ___ performances
   ___ informal discussions
   ___ structured discussions (faculty, staff, students)
   ___ online self-paced learning modules
   ___ individual consultation with DIAC members
   ___ problem-based sessions
   ___ other: _______________________

   **Topics:**
   ___ race
   ___ ethnicity/culture
   ___ national origin
   ___ language difference/multilingualism
   ___ gender (including identity/expression)
   ___ sexuality (including identity)
   ___ body image/bodies
   ___ physical or cognitive ability
   ___ socio-economic status
   ___ religious beliefs
   ___ military status
   ___ age
   ___ political beliefs
   ___ other: _______________________

4/24/16