**SOBP Special Projects Participant Feedback Form**

**Thank you for participating in this SOBP Special Project!** Your feedback is invaluable in helping us improve future initiatives. Please take a few minutes to share your thoughts.

**1. General Information**

* **Project/Event Title:**
* **Date of Event:**
* **Project Format:** [ ]  In-Person [ ]  Virtual [ ]  Hybrid

**2. Overall Experience**

* How would you rate your overall experience?
[ ]  Excellent [ ]  Good [ ]  Neutral [ ]  Poor [ ]  Very Poor
* What was the most valuable aspect of this project?
*(Brief comment)*
* What could be improved for future programs?
*(Brief comment)*

**3. Content & Relevance**

* The project content was relevant and beneficial to me.
[ ]  Strongly Agree [ ]  Agree [ ]  Neutral [ ]  Disagree [ ]  Strongly Disagree
* Educational Events only: The session(s) helped me develop research skills, career insights, or professional connections.
[ ]  Strongly Agree [ ]  Agree [ ]  Neutral [ ]  Disagree [ ]  Strongly Disagree
* Public Engagement Events Only: This project helped me increase my awareness and knowledge on the mental health issues discussed

[ ]  Strongly Agree [ ]  Agree [ ]  Neutral [ ]  Disagree [ ]  Strongly Disagree

**4. Logistics & Organization**

* The event was well-organized and ran smoothly.
[ ]  Strongly Agree [ ]  Agree [ ]  Neutral [ ]  Disagree [ ]  Strongly Disagree
* Any logistical issues or suggestions?
*(Optional Brief comment)*

**5. Future Engagement**

* Would you participate in a similar activity again if offered?
[ ]  Yes [ ]  No
* Any additional comments or suggestions?
*(Optional)*

**Thank you for your feedback!**

Please return this form to <organizer email>