



IMPACT ASSESSMENT FORM

Title: _____
Date: _____
Venue: _____

Name of Participant:		Date:	
Position:		College/Office:	

1. What particular topic(s) in the orientation did you find most informative and useful in the performance of your current duties and responsibilities?
- a.) _____
- b.) _____
2. Cite specific instances where you were able to apply the learnings from the orientation.
- a.) _____
- b.) _____

Signature over Printed Name



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