



# Evaluation Form

**THANK YOU FOR PARTICIPATING IN DREAM IT, BE IT!**

Please answer these questions as honestly as possible. Your answers will help Soroptimists understand how Dream It, Be It may have impacted you.

(For each question, please choose only one answer)

**As a result of participating in Dream It, Be It...**

**Strongly Agree    Agree    Uncertain    Disagree    Strongly Disagree**

1. I feel more confident about my future success.

2. I feel more prepared to pursue my career goals.

3. I have new tools to overcome obstacles to my success.

4. I have new tools to overcome setbacks.

5. I understand how my values can connect to possible careers.

6. I know women who want to support my professional aspirations.

7. I was introduced to professional role models.

8. I had an opportunity to create achievable goals for my future.

9. What do you see as the number one obstacle to your career success?

10. Did you learn strategies to overcome that obstacle?

Yes

No

Please explain your answer:

11. What are two things you can do to recover from a setback to achieving your goals?

1.

2.

12. What was your favorite part of Dream It, Be It?

13. How can we improve this program for other girls?

14. What additional support do you need to live your dreams? (Check all that apply.)

More mentoring opportunities from a local Soroptimist member

Online mentoring

An online group of girls who have completed Dream It, Be It

An opportunity for funding to support education or career training

Other, please describe:

15. May Soroptimist quote your responses in our reporting or promotional materials? (The quote will never include your name or other identifying information.)

Yes

No

16. If Soroptimists want to follow up with you in the future, may we contact you?

Yes

No

If yes, please provide:

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

E-mail address: \_\_\_\_\_

Phone Number: \_\_\_\_\_