

SUBMIT VIA EMAIL

EVALUATION FORM

To be completed and emailed within 15 days of the visit. This form is compulsory for both the "Host" and the "Visitor."



The American Professional eXchange Association strives to improve the program continuously, and to improve the experience for its Hosts and Visitors. Please answer the questions on page 2; feel free to attach additional sheets to expand on details, if necessary. APXA will send a certificate of participation to you upon receipt of your completed evaluation form. Thank you for participating in the eXchange program.

I agree to release statements on this evaluation form to be used as testimonials on the APXA website.

[Redacted signature area]

Date (MM/DD/YYYY)

Complete the "Host" or "Visitor" information applicable to your role in the Professional eXchange.

HOST INFORMATION

Last Name First Name

Address

Address (line 2)

City State Zip Code Country

Primary Email Address

VISITOR INFORMATION

Last Name First Name

Address

Address (line 2)

City State Zip Code Country

Primary Email Address



EVALUATION STATEMENTS

1. Describe any *professional* benefits during this exchange.

2. Describe any *cultural* benefits during this exchange.

3. Describe any deficiencies you noticed in the eXchange program.

4. Describe any suggestions for improving the program.

5. Please rate the overall experience of the APXA program on a scale from 1 to 5, 5 being the highest.

deficiencies in process,
minimal cultural/
professional exchange



seamless process,
optimal cultural/
professional exchange

Enter any further comments below explaining your rating.