

STUDENT ORGANIZATION EVENT EVALUATION FORM

This form is for student organizations to complete after any event; due one week following the event to the director of student services.

Name of Student Organization: _____ Event Title: _____

Event Date: ____/____/____ Event Time: _____ Event Location: _____

Final Budget: _____ Event Speaker(s): _____

Please rate the following: (1 = Poor, 2 = Fair, 3 = Average, 4 = Good, 5 = Excellent)

Planning & Logistics _____ Community Interest _____ Attendance (#, **not score**) _____

Participant Engagement _____ Event Execution _____ Positive Impact _____

Was your Faculty/Staff Advisor Invited to this event? (Y/N) _____ Did he/she attend (Y/N)? _____

Did you advertise this event? (Y/N) _____ If yes, what was used? (Email, newsletter, social media, fliers, other?)

What was the purpose for this event?

Did your organization achieve the above stated purpose(s)?

Would you plan this same event again? Why or why not?

Any other comments?

Student Organization Contact Name: _____ Date: ____/____/____

FOR STUDENT SERVICES OFFICE USE ONLY:

Date received by director of student services: _____