STUDENT ORGANIZATION EVENT EVALUATION FORM

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

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 DEAN'S OFFICE USE ONLY:

Date received by Assistant Director of Engagement & Programs: ________________________________